

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000077843

1. Entity Name

OZWAMS, INC.

FILED
Jul 07, 2000 8:00 am
Secretary of State

06-05-2000 90709 027 ***150.00

Principal Place of Business

Mailing Address

151 HIDDEN COVE DR.
 MELBOURNE BEACH FL 32951

151 HIDDEN COVE DR.
 MELBOURNE BEACH FL 32951-3346

2. Principal Place of Business

151 HIDDEN COVE DR.

Suite, Apt. #, etc.

3. Mailing Address

151 HIDDEN COVE DR.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MELBOURNE BEACH FL

Zip
32951

Country
USA

City & State

MELBOURNE BEACH FL

Zip
32951

Country
USA

4. FEI Number

74-2931854

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ESTIME, GILBERT
17454 S.W. 79 CT.
MIAMI FL 33157

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE Delete
 NAME **P WHITMORE, RICHARD**
 STREET ADDRESS **151 HIDDEN COVE DR.**
 CITY-ST-ZIP **MELBOURNE BEACH FL 32951**

TITLE Delete
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 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **RICHARD WHITMORE** **RICHARD WHITMORE** **4/29/2000** **321-6744560**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)