

2002 UNIFORM BUSINESS REPORT (UBR)

5/27

FILED
Jun 24, 2002 8:00 am
Secretary of State

05-27-2002 90464 039 ****61.25

DOCUMENT # N01000002442

1. Entity Name

OAK VILLAGE DEVELOPMENT CORPORATION

Principal Place of Business

218 S. LIME AVE.
ORLANDO FL 32805

Mailing Address

218 S. LIME AVE.
ORLANDO FL 32805

94539



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3743054

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SERAAJ, KEVIN
4502 CANNA DR.
ORLANDO FL 32839

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D MOORE, ERIC
4250 ALAFAYA TRAIL 212
OVIEDO FL 32765

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D SERAAJ, KEVIN
4502 CANNA DR.
ORLANDO FL 32839

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D HOWARD, MILTON
160 N. DIVISION ST.
OVIEDO FL 32765

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D Gilleyle, Kenneth
318 Cello Circle
Winter Spg. FL 32708

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
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STREET ADDRESS
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12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with power like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1.28.02 107 699-8363

CR2E037 (9/01)