

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90080 021 ***150.00

DOCUMENT # 194185

1. Entity Name
OZELLO DEVELOPMENT INC

Principal Place of Business
**MOOREHAVEN COURT
P O BOX 1088
CRYSTAL RIVER FL 32623-1088**

Mailing Address
**MOOREHAVEN COURT
P O BOX 1088
CRYSTAL RIVER FL 32623-1088**

00022737



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
13289 Moorehaven Court
Suite, Apt. #, etc.

3. Mailing Address
13289 Moorehaven Court
Suite, Apt. #, etc.

City & State
Crystal River, FL
Zip
34429

City & State
Crystal River FL
Zip
34429

4. FEI Number **59-6067273**
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CARROLL, A T
MOOREHAVEN COURT
P.O. BOX 1088
CRYSTAL RIVER FL 34423**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
13289 Moorehaven Court
City **Crystal River** **FL** Zip Code **34429**

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 _____ (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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PD CARROLL, A T MOOREHAVEN COURT CRYSTAL RIVER FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CRIPPEN, ELSIE V. 4522 NE 4TH ST OCALA FL 34470 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CARROLL, I.M. MOOREHAVEN COURT CRYSTAL RIVER FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARROLL, R.T. LOT 28, MAGNOLIA ST. FLORAL CITY FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Elis Crippen V.P.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/01 **352-694-4442**
Date Daytime Phone #

CR2E034 (10/00)