

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90229 033 ***150.00

0612220 AV

DOCUMENT # 421916

1. Entity Name
OAKLEY INVESTMENT OF PASCO COUNTY, INC.



Principal Place of Business
**2633 EAGLE COURT
LAKE WALES FL 33853
US**

Mailing Address
**2633 EAGLE COURT
LAKE WALES FL 33853
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1483038**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OAKLEY, TOM ED
2633 EAGLE COURT
LAKE WALES FL 33853**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	OAKLEY, TOM ED	
STREET ADDRESS	2633 EAGLE COURT	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MAGGARD, ANN	
STREET ADDRESS	W CLINTON AVE	
CITY-ST-ZIP	DADE CITY FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	OAKLEY, PATRICIA A.	
STREET ADDRESS	2633 EAGLE COURT	
CITY-ST-ZIP	LAKE WALES FL 33853	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Tom Ed Oakley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.21.03
Date

863.679.9501
Daytime Phone

CR2E034 (10/02)