

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90097 027 ***150.00

UBR300R AV

DOCUMENT # 471640

1. Entity Name
OFFICE AUTOMATION, INC.

Principal Place of Business

**776 BENNETT DRIVE
SUITE 105
LONGWOOD FL 32750
US**

Mailing Address

**P.O. BOX 526002
LONGWOOD FL 32752-6002
US**

2. Principal Place of Business

3. Mailing Address

P.O. BOX 520546

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Longwood, FL

Zip

Country

Zip

Country

32752-0546 USA

4. FEI Number

59-1584434

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**BARRY L MELNICK
667 LAKEWORTH CIRCLE
HEATHROW FL 32746**

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PSD**
STREET ADDRESS **MELNICK, BARRY**
CITY-ST-ZIP **776 BENNETT DR, STE 105
LONGWOOD FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **HOFFMAN, ROBERT F**
CITY-ST-ZIP **776 BENNETT DR SUITE 105
LONGWOOD FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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 information.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-02

Date

407-702-1000

Daytime Phone #

CR2E034 (9/01)