FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 27, 2004 8:00 am Secretary of State 04-27-2004 90089 038 ***150.00

DOCUMENT # 824230 1. Entity Name					04-27-2004 90089 038 ***150.00		
							OVPI, INC
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D	NOT WRIT	EIN I LID	SPACE		-		
2 District Blace		2 Marilian Address		<u> </u>	_		
2. Principal Place of Business 2011 Turtle Creek Blvd #50		3. Mailing Addres	0 2911 Turtle Creek Blvd #500			•	
Suite, Apt. #, etc.			Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
		ounc, ripit ii, o					
City & State		City & State	City & State		4. FEI Number Applied For		
Dallas, Tx			Dallas, Tx		75-1214747	Not Applicable	
Zip	Country	Zip	Cour	ntry		\$8.75 Additional	
75219	USA	75219	USA		5. Certificate of Status Desired	Fee Required	
				7.	Name and Address of Current F	Registered Agent	
				Name C T	Corporation		
	WRITE	Street Address ((P.O. Box Number is Not Acceptable) ith Pine Island Road			
IN THIS SPACE						1200 Sou	
	114 11110	OI AOL					
				Çit Plantati	OD	FL Zip Code 24	
8. The above na	med entity submits this sta	tement for the purpose of	of changing its regi	stered office or rea	istered agent, or both, in the State of Fl		
accept the obl	ligations of registered agent.				,	711aa a	
SIGNATURE SI	gnature, typed or printed of reg	istared agent and title if applica	able VNOTE B&	nietorod Agent nigget	ure required when reinstating)	- DATE	
			THE WOLLEN		are required when remotating)	DATE	
Januar Afte	y 1 - May 1 Fee is \$150.00 r May 1, Fee is \$550.00 nended UBR is \$61.25	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			9. Election Campaign Finar	ncing \$5.00 May Be	
An Make Check Pay	nended UBR is \$61.25 yable to Florida Departmer	nt of State		37317 19	Trust Fund Contribution.	Added to Fees	
10.	OFFICERS AND E		. 1				
TILE President/Secretary/Treasurer				LE			
NAME Keit	•	NAME		y **			
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12. I hereby certi	fy that the information supplies	ed with this filing does not	qualify for the exe	emption stated in S	ection 119.07(3)(i), Florida Statutes. I furt	her certify that the information	
indicated on I	this report or supplemental re	port is true and accurate a	nd that my signatu	ire shall have the s	same legal effect as if made under oath; 7. Florida Statutes; and that my name a	that I am an officer or director	
	th an address, with all other like		roport as requi	.cc by complete out	, Grantes, and moreny name a	Spould in blook 10 of out all	
CICNATU	DENTY IN	W	bb W Vo−-	n a de t	04/10/04 0	1.4_500_7171	
SIGNATU		D OR PRINTED NAME OF SIG	th W. Keni		04/19/04 2 Date	14-520-7171 Daytime Phone #	
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