

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000002878

1. Entity Name

OPPCO, INC.

**FILED**  
**Jun 27, 2001 8:00 am**  
**Secretary of State**

06-27-2001 90007 016 \*\*\*150.00

Principal Place of Business Mailing Address  
 ATTN: J. TUTTLE  
 249 ROYAL PALM WAY, SUITE 303  
 PALM BEACH FL 33480

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **91-2031252** Applied For  
 Not Applicable

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

TUTTLE, JASON  
 249 ROYAL PALM WAY, #303  
 PALM BEACH FL 33480

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD  
 NAME TUTTLE, J  
 STREET ADDRESS 249 ROYAL PALM WAY, SUITE 303  
 CITY-ST-ZIP PALM BEACH FL 33480 ☐ Delete

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

TITLE D  
 NAME TUTTLE, H  
 STREET ADDRESS 249 ROYAL PALM WAY, SUITE 303  
 CITY-ST-ZIP PALM BEACH FL 33480 ☐ Delete

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

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ 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: J. Tuttle, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2001

954-255-4350

Daytime Phone #

CR2E034 (10/00)