

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90769 034 ***150.00

DOCUMENT # F02000006396

1. Entity Name

OFFICE TALES, INC.



Principal Place of Business

~~3221 COLONIAL BLVD. #160~~

~~FT. MYERS FL 33907~~

11950 Shirley Ln.

N. FT. MYERS, FL 33917

Mailing Address

P.O. BOX 3434

N. FT. MYERS FL 33918-3434

2. Principal Place of Business

11950 SHIRLEY LN.

3. Mailing Address

P.O. Box 3434

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

N. FT. MYERS, FL

City & State

N. FT. MYERS, FL

4. FEI Number

65-0945927

Applied For

Not Applicable

Zip

33917

Country

USA

Zip

33918-3434

Country

USA

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

CARY, DAVID W
1325 C DEL PRADO BLVD. SOUTH
CAPE CORAL FL 33990

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

Signature, typed or printed name of registered agent and title if applicable.

(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	CP	<input type="checkbox"/> Delete
NAME	MCCLANAHAN, MICHAEL T	
STREET ADDRESS	2720 COLONIAL BLVD. #160	
CITY-ST-ZIP	FT. MYERS FL 33907	
TITLE	VCV	<input type="checkbox"/> Delete
NAME	JOHNSON, DEBORAH F	
STREET ADDRESS	6054 PERTHSHIRE LN.	
CITY-ST-ZIP	FT. MYERS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-03 ✓

(239) 370-2940

Date

Daytime Phone #

CR2E034 (10/02)