

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

DOCUMENT # **F02000006396**

1. Entity Name
OFFICE TALES, INC.



Principal Place of Business
~~2726 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.

City & State
N. FT. MYERS, FL

City & State
N. FT. MYERS, FL

Zip
33917

Country
USA

Zip
33918-3434

Country
USA

6. Name and Address of Current 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

**TITLE CP
NAME MCCLANAHAN, MICHAEL T
STREET ADDRESS 2726 COLONIAL BLVD. #160
CITY-ST-ZIP FT. MYERS FL 33907**

Delete

**TITLE VCV
NAME JOHNSON, DEBORAH F
STREET ADDRESS 6054 PERTHOMIRE LN. 11950 Shirley Ln.
CITY-ST-ZIP FT. MYERS FL 33917**

Delete

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

Change Addition

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: *Michael J. R. Clancy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-03 ✓ (239) 370-2940

Date

Daytime Phone #

CR2E034 (10/02)