

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000003577

1. Entity Name

OCTAGON SERVICES, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90035 028 ***150.00

Principal Place of Business

Mailing Address

101 SOUTHHALL LANE
SUITE 400
MAITLAND FL 32751

~~P.O. BOX 470220~~
~~TULSA OK 74147-0220~~

2. Principal Place of Business

3. Mailing Address

7633 E. 63rd Pl., 4th Floor

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Tulsa, OK

4. FEI Number

54-1050017

Applied For

Not Applicable

Zip

Country

Zip

Country

74133

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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, 2000 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 **P**
STREET ADDRESS **ERSKINE, FRED**
CITY-ST-ZIP **7633 EAST 63RD PLACE 4TH FLOOR**
TULSA OK 74133

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/3/00

918-252-9111

CR2E034 (9/99)