

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000002362

1. Entity Name

OPENAKA CORPORATION, INC.

Principal Place of Business

% ROBERT E. PRICE, P.E.
565 OPENAKI RD
DENVER NJ 07834

Mailing Address

% ROBERT E. PRICE, P.E.
565 OPENAKI RD
DENVER NJ 07834

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPILMAN, DEREK B
4215 MILLER DRIVE
ST. PETERSBURG BEACH FL 33706

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

(NOTE: Registered Agent Signature Required (Typed or Printed))

DATE

2/13/01

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 | C | <input type="checkbox"/> Delete |
| NAME | PRICE, ROBERT E JR | |
| STREET ADDRESS | 821 BOBBIT RD | |
| CITY-ST-ZIP | MOCKSVILLE NC 27028 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | PRICE, MARGARET M | |
| STREET ADDRESS | 565 OPENAKI RD | |
| CITY-ST-ZIP | DENVILLE NJ 07834 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MENARD, ANDREW R | |
| STREET ADDRESS | 3791 S. HARTFORD DR | |
| CITY-ST-ZIP | SAGINAW MI 48603 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | PRICE, ROBERT E | |
| STREET ADDRESS | 565 OPENAKI RD | |
| CITY-ST-ZIP | DENVILLE NJ 07834 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | PRICE, ALEXANDER M | |
| STREET ADDRESS | 56 MT. PLEASANT AVE | |
| CITY-ST-ZIP | DOVER NJ 07801 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| NAME | |
| STREET ADDRESS | |
| 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: Alexander M. Price Alexander M. Price Secretary/Treasurer 2/11/01 973-322-1540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90080 015 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **22-2276997** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

CR2E034 (10/00)