

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 19, 2000 8:00 am  
Secretary of State

01-19-2000 90021 022 \*\*\*\*61.25

DOCUMENT # F99000000563

1. Entity Name

OKADA, LTD. INC.

Principal Place of Business

6905 SO. ALOYSIA AVE.  
FLORAL CITY FL 34436

Mailing Address

6905 SO. ALOYSIA AVE.  
FLORAL CITY FL 34436-2843

2. Principal Place of Business

7509 E. SAVIORS PATH

3. Mailing Address

7509 E. SAVIORS PATH

Suite, Apt. #, etc.

FLORAL CITY

Suite, Apt. #, etc.

FLORAL CITY

City & State

FLORIDA

City & State

FLORIDA

Zip

34436

Country

CITRUS

Zip

34436

Country

CITRUS



DO NOT WRITE IN THIS SPACE

4. FEI Number

39-1562910

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PUTNAM, PATTI P  
6905 SO. ALOYSIA AVE.  
FLORAL CITY FL 34436

7. Name and Address of New Registered Agent

Name PATTI PUTNAM P.

Street Address (P.O. Box Number is Not Acceptable)

7509 E. SAVIORS PATH

City FLORAL CITY

FL

Zip Code 34436

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 PATTI P. PUTNAM

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

(NOTE: Registered Agent signature required when reinstating)

1/10/00  
DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EICH, SUZANNE 34256 HOMESTEAD RD. GURNEE IL 60013	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HOOK, NANCY 2301 NORTH WASHINGTON ST. JANESVILLE WI 53545	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EDWARDS, PAM E. CREEK RD, BOX 144 CLINTON WI 53525	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMRZ, DALE 34256 HOMESTEAD RD. GURNEE IL 60013	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PUTNAM, PATTI P 6905 SO. ALOYSIA AVE. FLORAL CITY FL 34436	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	EICH SUZANNE P. 34256 HOMESTEAD RD. GURNEE, IL 60013	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. EDWARDS, PAM E. CREEK RD, BOX 144 CLINTON, WI 53525	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. PETERSEN MARY 4744 CRESTLINE DR. BEVERLY HILLS, FL 34465	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. SMRZ, DALE 34256 HOMESTEAD RD. GURNEE, IL 60013	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. PUTNAM, PATTI P 7509 E. SAVIORS PATH 34436 FLORAL CITY, FL	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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: PATTI P. PUTNAM

1-10-00 (352) 344-2212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)