

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90204 046 ****61.25

DOCUMENT # F99000000563

1. Entity Name

OKADA, LTD. INC.

Principal Place of Business

**7509 E SAVIORS PATH
 FLORAL CITY FL 34436**

Mailing Address

**7509 E SAVIORS PATH
 FLORAL CITY FL 34436**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



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
 7509 E SAVIORS PATH
 FLORAL CITY FL 34436**

7. Name and Address of New Registered Agent

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

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 ☐ Delete
P
EICH, SUZANNE
 STREET ADDRESS **34256 HOMESTEAD RD.**
 CITY-ST-ZIP **GURNEE IL 60013**

TITLE NAME ☐ Delete
S
PETERSEN, MARY
 STREET ADDRESS **4744 CRESTLINE DR**
 CITY-ST-ZIP **BEVERLY HILLS FL 34465**

TITLE NAME ☐ Delete
V
EDWARDS, PAM
 STREET ADDRESS **E. CREEK RD, BOX 144**
 CITY-ST-ZIP **CLINTON WI 53525**

TITLE NAME ☒ Delete
T
SMRZ, DALE
 STREET ADDRESS **34256 HOMESTEAD RD.**
 CITY-ST-ZIP **GURNEE IL 60013**

TITLE NAME ☐ Delete
D
PUTNAM, PATTI P
 STREET ADDRESS **7509 E SAVIORS PATH**
 CITY-ST-ZIP **FLORAL CITY FL 34436**

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE NAME ☒ Change ☐ Addition
T
Shaaron PERRY
 STREET ADDRESS **9133 GOBBLER RD.**
 CITY-ST-ZIP **FLORAL CITY, FL 34436**

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

TITLE NAME ☐ Change ☐ Addition
 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 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* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/02

Date

352.344.2212

Daytime Phone #

CR2E037 (9/01)