2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # F9900000563

1. Entity Name

OKADA, LTD, INC.



FILED Feb 20, 2003 8:00 am Secretary of State

02-20-2003 90122 002 ****61.25

| OI (ADA) | LID. IIIO. | | | | | | | | | |
|-------------------------------|--|--|---|----------------|---|---|-----------------|-------------------------------|------|--|
| 7509 E SAVIORS PATH 75 | | Mailing Address 7509 E SAVIORS PATH FLORAL CITY FL 34436 | 7509 E SAVIORS PATH | | | | | | | |
| 2 Principal | Place of Business | 3. Mailing Address | · · | . <u>.</u> | | | | | | |
| 2. Through Hadd of Baoiness | | V. Maining Address | | | 1001100 IFID 1011 | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | □ c | HECK HERE IF MAKI | NG CHANGES | 5 | | |
| City & State | | City & State | | | | | | applied For lot Applicable | | |
| Zip | Country | Zip | Country | | 5. Certificate of Star | tus Desired | \$8.75 Ac | fditional | 4 | |
| | 6. Name and Address of Current | Registered Agent | | | 7. Name and Addre | ess of New Registere | Fee Requir | ea | 4 | |
| | | · · · · · · · · · · · · · · · · · · · | Name | | | | / 19 11 | - | 7 | |
| PUTNAM | I, PATTI'P | The second secon | | | | (P.O. Box Number is Not Acceptable) | | | | |
| | SAVIORS PATH | | Street Address | | | Acceptable) | | | | |
| FLORAL | CITY FL 34436 | | | | | | | | 1 | |
| | | | City | | *************************************** | F | Zip Coo | de | 1 | |
| 8. The above | e named entity submits this statement fo | or the ournose of changing its re | agistored office of | or registers | docot or both in th | - | | | 4 | |
| the obliga | ations of registered agent. | in the purpose of changing its re | sgistered office t | or registere | ed agent, or both, in th | e State of Florida. Tai | m tamiliar with | , and accept | | |
| | | | | | | | | | 1 | |
| SIGNATURE | | | | , | | | | | | |
| | Signature, typed or printed name of registered agent | and title if applicable. (NOTE: F | Registered Agent signa | ature 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 Florida Department of State | | | | |
| 10. | OFFICERS AND DIF | RECTORS | T | | DOITION O COMPANDE | | | | | |
| TITLE | P OFFICERS AND DIF | | 11. | 1 ^ | DDITIONS/CHANGES | S TO OFFICERS AND I | | | ءِ ا | |
| NAME | EICH, SUZANNE | ☐ Delete | TITLE NAME | | | • | ☐ Change | ☐ Addition | 3/0 | |
| STREET ADDRESS | 34256 HOMESTEAD RD. | | STREET ADDRESS | | | | | | 17 | |
| CITY-ST-ZIP | GURNEE IL 60013 | | CITY-ST-ZIP | | | | | | 20 | |
| TITLE | S | Delete | TITLE | S | n. | | Change | ☐ Addition | - 12 | |
| NAME | PETERSEN, MARY | A boloto | NAME | | E DWENS . | | Change | ☐ Addition | Č | |
| STREET ADDRESS | 4744 CRESTLINE DR | | STREET ADDRESS | 844 | E OWENS 6 S.FLORID | A AVE | | | | |
| CITY-ST-ZIP | BEVERLY HILLS FL 34465 | | CITY-ST-ZIP | FLOR | PAL CITY, 72 | 34436 | | | | |
| TITLE | V | ☐ Delete | TITLE | | 1 | | ☐ Change | Addition | 1 | |
| NAME | EDWARDS, PAM | er Sagressian i erb | جـــ - NAME | | <u> </u> | ي يعسجان ۾ راڄ | | — | | |
| STREET ADDRESS | E. CREEK RD, BOX 144 | | STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | CLINTON WI 53525 | | CITY-ST-ZIP | | | | | | | |
| TITLE | 1 | Delete | TITLE | 7 | * 4 | | Change | ☐ Addition |] | |
| NAME CIDEET ADODESS | PERRY, SHARON | | NAME | PATT | i PUTNAM TE. SAVIORS | · dame | | | | |
| STREET ADDRESS CITY-ST-ZIP | 9133 GOBBLER RD. | | STREET ADDRESS | 150 | TE. SAVIORS | TO THE | | | | |
| ** | FLORAL CITY FL 34436 | | CITY-ST-ZIP | FLOR | CAL LITY 9 | 2. 34456 | | |] | |
| TITLE | DITTNAM DATTI D | Delete | TITLE | 12 | _ 0 | | Change | Addition | 1 | |
| NAME STREET ADDRESS | PUTNAM, PATTI P | | NAME | JAN | ES MATTO | V 6 > - | | | | |
| CITY-ST-ZIP | 7509 E SAVIORS PATH | | STREET ADDRESS | 116 | B4 IV. IDAY | STICKE UR | | | | |
| | FLORAL CITY FL 34436 | | CITY-ST-ZIP | CRY. | IES PATTO BY IV. BAY STAL RIVE | 4 FL, 344 | 27 | *** | 1 | |
| TITLE NAME | | ☐ Delete | TITLE | | | • | ☐ 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 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

352.344.2212