

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State
 05-17-2000 91107 001 ***450.00

15220

DO NOT WRITE IN THIS SPACE

DOCUMENT # H41592
1. Entity Name
Oviedo Properties Investment, Inc.

Principal Place of Business 3185 So Conway Rd Ste. E Orlando FL 32812 US
Mailing Address

2. Principal Place of Business 1847 North St
3. Mailing Address Same 1847 North St
 Suite, Apt. #, etc.

City & State Longwood FL
City & State Longwood FL
Zip 32750 **Country** USA
Zip 32750 **Country** USA

4. FEI Number 37-5400602
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
Becker, Angela E.
1847 North St
Longwood FL 32750

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 _____ (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 ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	President/Director	<input type="checkbox"/> Delete
NAME	George Plante	
STREET ADDRESS	1102 Winter Springs Blvd	
CITY-ST-ZIP	Winter Springs FL 32708	
TITLE	SD	<input type="checkbox"/> Delete
NAME	Lois Plante	
STREET ADDRESS	1102 Winter Springs Blvd.	
CITY-ST-ZIP	Winter Springs FL 32708	
TITLE	VP D	<input type="checkbox"/> Delete
NAME	David R Becker	
STREET ADDRESS	1847 North St	
CITY-ST-ZIP	Longwood FL 32750	
TITLE	TD	<input type="checkbox"/> Delete
NAME	Angela E. Becker	
STREET ADDRESS	1847 North St	
CITY-ST-ZIP	Longwood FL 32750	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George Plante	
STREET ADDRESS	107 Peregrine Ct	
CITY-ST-ZIP	Winter Springs FL 32708	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lois Plante	
STREET ADDRESS	107 Peregrine Ct	
CITY-ST-ZIP	Winter Springs FL 32708	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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: Angela E. Becker 4/25/00 (407) 834-4920
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)