

# 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**      **Mailing Address**  
3185 So Conway Rd  
Ste. E  
Orlando FL 32812 US

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

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

**4. FEI Number**      **Applied For**  
37-5400602       Not Applicable  
**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** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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 Trust Fund Contribution.**       **\$5.00 May Be Added to Fees**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>George Plante</u> <u>107 Peregrine Ct</u> <u>Winter Springs FL 32708</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>SD</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <u>Lois Plante</u> <u>107 Peregrine Ct</u> <u>Winter Springs FL 32708</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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)