FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State
03-28-2002 90004 025 ***150.00

DOCUMENT # H82938

1. Entity Name
OATS REALTY INC

DO NOT WRITE IN THIS SPACE

427775

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
228 S. INDIANA AVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc. SAME
City & State: Englewood, FL	City & State
Zip: 34223 Country: USA	Zip Country

4. FEI Number: 59-2588731 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: LARRY OATHOUT

Street Address (P.O. Box Number is Not Acceptable): 2362 RISKEN TER

City: PORT CHARLOTTE **FL** Zip Code: 33981

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	P D	TITLE	
NAME	LARRY OATHOUT	NAME	
STREET ADDRESS	2362 RISKEN TER.	STREET ADDRESS	
CITY-ST-ZIP	PT. CHARLOTTE, FL 33981	CITY-ST-ZIP	
TITLE	V P	TITLE	
NAME	GLENDA OATHOUT	NAME	
STREET ADDRESS	2362 RISKEN TER	STREET ADDRESS	
CITY-ST-ZIP	PT. CHARLOTTE, FL 33981	CITY-ST-ZIP	
TITLE	S T	TITLE	
NAME	GLENDA OATHOUT	NAME	
STREET ADDRESS	2362 RISKEN TER	STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	PT CHARLOTTE, FL 33981	CITY-ST-ZIP	
TITLE		TITLE	**IN THIS SPACE**
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ LARRY OATHOUT 2-28-02 941 475-4794
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #