2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 1. Entity Name

J00570

OCTAGON ASSOCIATES, INC.



FILED
Mar 27, 2003 8:00 am
Secretary of State
Secretary of State
03-27-2003 90126 030 ***150.00

Principal Plac	e of Business	;	Mailin	g Address							
655 21ST ST. (329631399)			655 21ST ST. (329631399)								
P.O. BOX 637				3OX 6370					•		
vero BCH. Fi	L 32961-3370		VERO	BCH. FL 32961-3370	0						
2. Principal P	lace of Busin	ess	3. Mail	ling Address					III, BBIK BKBII BIBI	I BIBLI BIBLI B	I BIJ BIJI I I I BIJ
3717 10th Court			8	800 8th Street							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & Stat	te	 	City	& State			4. FEI Numbe	FO 0054470		At	oplied For
Vero Beach, FL			V.	Vero Beach, FL				59-2651478		No	ot Applicable
Zip		Country	Zip		Country		E Cortificate	of Status Desired	□ \$	8.75 Add	ditional
329	60	Indian Rive	r - 3	2962	Indian-I	≀iver	J. Cermicate	or status Desired	<u>. L _£</u>	ee Require	d
		and Address of Current					7. Name and	Address of New R	egistered A	gent	
					Name						
HAMILTON	N, S. THOM	as Jr.			Street /		iam B.	Mills or is Not Acceptable		_	
655 21ST	ST.			Street Address 800			8th Sti	ceet	;)		
	H. FL 32961										
TENO DOI	I I L OLOGI							· - ,			
					City	Vero	Beach	•	FL	Zip Cod	
8. The above	named entity	submits this statement for	or the purp	ose of changing its	registered office o	r registere	ed agent, or bot	h, in the State of Fig	orida. I am fa	miliar with,	and accept
the obligat	ions of registe	ered agent.	1-	•				,			`
-		11/1/	1. IV	1				_	3-25	-03	
SIGNATURE.	Signature, typed	or printed name of registered agent	and title it ap	able (NOTE	E: Registered Agent signa	ure required v	when reinstating)		DATE	00	
											
		FEE IS \$150.00					9. Ele	ction Campaign Fir	nancing	\$5.0	May Be
		3 Fee will be \$550.00						, -			
	, Dauahia ta	Florida Doportment o	f Ctata				Tru	st Fund Contributio	n. 📙	Added	to Fees
	Payable to	Florida Department o									
10.		OFFICERS AND			11.		ADDITIONS/	st Fund Contributio	ICERS AND [DIRECTOR	S IN 11
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rinereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: