FILED

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Feb 24, 2003 8:00 am Secretary of State J14545 DOCUMENT # 02-24-2003 90956 049 ***150.00 1. Entity Name OREGON PROPERTIES, INC. Principal Place of Business Mailing Address 1123 OVERCASH DRIVE 1123 OVERCASH DRIVE **DUNEDIN FL 34698 DUNEDIN FL 34698** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 💢 CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2672430 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HILL, WARD & HENDERSON ATTN: STEVE HUDOBA Box Number is Not Acceptable SUITE 3700, BARNETT PLAZA 101 EAST KENNEDY BLVD. **TAMPA FL 33602** 8. The above named entity submits this statement for the purpose of chapging its registration office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. pistered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition Change NAME COIA, DAVID S. NAME STREET ADDRESS 1123 OVERCASH DRIVE STREET ADDRESS **DUNEDIN FL 34698** CITY-ST-7IP CITY-ST-ZIP **VP** TITLE ☐ Delete TITLE ☐ Addition Change NAME VIETTO, DANIEL L NAME STREET ADDRESS 1123 OVERCASH DRIVE STREET ADDRESS CITY-ST-ZIP **DUNEDIN FL 34698** CITY-ST-ZIP TITLE DTS Delete TITLE Change Addition VIETTO, DANIEL L NAME STREET ADDRESS 1123 OVERCASH DRIVE STREET ADDRESS CITY-ST-ZIP **DUNEDIN FL 34698** CITY-ST-ZIP TITLE VΡ ☐ Delete TITLE Change ☐ Addition NAME SURRENCY, JEFFERY NAME STREET ADDRESS 1123 OVERCASH DRIVE STREET ADDRESS CITY-ST-ZIP **DUNEDIN FL 34698** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

SIGNATURE:

12. I hereby certify that the information supplied will indicated on this report or supplemental report of the corporation or the receiver or trustee end changed, or on an attachment with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

fing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information the and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director feed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if