

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J28641

1. Entity Name

OPB, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90114 050 ***150.00

Principal Place of Business

Mailing Address

439 N.E. 9TH AVENUE
GAINESVILLE FL 32601

439 N.E. 9TH AVENUE
GAINESVILLE FL 32601-2307

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2717163

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FORSMAN, ELIZABETH
439 N.E. 9TH AVE.
GAINESVILLE FL 32601

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

Elizabeth Forsman

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete

NAME FORSMAN, ELIZABETH R
STREET ADDRESS 439 NW 9TH AVE.
CITY-ST-ZIP GAINESVILLE FL 32609

TITLE VP ☐ Delete

NAME FORSMAN, MARION E
STREET ADDRESS 439 NE 9TH AVE.
CITY-ST-ZIP GAINESVILLE FL 32601

TITLE S ☐ Delete

NAME TRAGASH, JENNIFER
STREET ADDRESS 2901 S.E. 8 DRIVE
CITY-ST-ZIP GAINESVILLE FL 32601

TITLE ☐ Delete

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elizabeth Forsman

Date

Daytime Phone #

4/28/01 3523727994

CR2E034 (9/99)