

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90387 006 ***150.00

DOCUMENT # **J49880**

1. Entity Name

NORTHEAST OAKS MANAGEMENT, INC

Principal Place of Business

1191-45th AVE, NE
ST. PETERSBURG, FL 33703

Mailing Address

1191-45th AVE NE
ST. PETERSBURG
FL 33703

2. Principal Place of Business

1631-1 CAPE RAY AVENUE
 Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 55595
 Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

City & State

ST. PETERSBURG, FL

4. FEI Number

59-2774130

Appeared For

Not Applicable

Zip

33702

Country

USA

Zip

33732-5595

Country

USA

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

Name

CORBIN, CHARLES J.

Street Address (P.O. Box Number is Not Acceptable)

1631-1 CAPE RAY AVE. NE

City

ST. PETERSBURG

FL

Zip Code

33702

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 **CHARLES J. CORBIN PRES.**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/11/2001

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, 2001 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 **PT** ☐ Delete

NAME **CORBIN, CHARLES J.**
 STREET ADDRESS **1631-1 CAPE RAY AVE. NE**
 CITY-ST-ZIP **ST. PETERSBURG, FL 33702**

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V.P.** ☐ Delete

NAME **GELINEAU, MELISSA**
 STREET ADDRESS **147 BIG ROCK ROAD**
 CITY-ST-ZIP **ROUSE SDALE, NC 28742**

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☐ Delete

NAME **CORBIN, SUSAN TURNER**
 STREET ADDRESS **1631-1 CAPE RAY AVE. NE**
 CITY-ST-ZIP **ST. PETERSBURG, FL 33702**

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

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TITLE ☐ Change ☐ Addition

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TITLE ☐ Delete

NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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: **CHARLES J. CORBIN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/2001 (828) 8916304

DATE

Daytime Phone #

CR2E034 (11/00)