2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

K60865 **DOCUMENT #**

1. Entity Name

OAKLEY BOULEVARD, INC.



FILED Mar 28, 2003 8:00 am Secretary of State

03-28-2003 90089 039 ***158.75

Common	Principal Plac 101 ABC RD P.O. BOX 4170 LAKE WALES	0		101 A P.O. E	Mailing Address 101 ABC RD P.O. BOX 4170 LAKE WALES FL 33859-1170								
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ACCLAIN, JOE A. 402 E CHURCH AVE DADE CITY FL 33525 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Ronda. Lam familiar with and accept the obligators of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Ronda Department of tiste 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 10. ACKLEY, THOMAS E. STREET ADDIESS OITY 57-27P TIME MAKE MARPHEY, BENTON R. SOMA RHEIT COURT TAMPA FL TIME MARPHEY, BENTON R. STREET ADDIESS OITY 57-27P TIME MARPHEY, BENTON R. SIRET ADDIESS OITY 57-27P TIME MARCH MARY STREET ADDIESS OITY 57-27P TIME MARCH MARCH MARY STREET ADDIESS OITY 57-27P TIME MARCH MARCH MARCH SIRET ADDIESS OITY 57-27P TIME MARCH MARCH SIRET ADDIESS OITY 57-27P TIME MARCH SIRET ADDIE	Zip		Zip	Zip Coun			5. (8.75 Additional		
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City FL Zip Code	402 E CHURCH AVE				distribution of the second of				· · · · · · · · · · · · · · · · · · ·				
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept he obligations of registered agent. SIGNATURE Signature, higher or present received when workshop? FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	DADE CITY FL 33525												
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12. Thereby 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			-fP1	tal allie 200-	d			Lia Oantino	140 07/0V/A Flexists Out to 115		- باد دورواد .	informati	

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:

863-638-1435