2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 27, 2000 8:00 am Secretary of State **DOCUMENT # K80732** 1. Entity Name OAK PARK INVESTMENTS, INC. 03-27-2000 90113 006 ***150.00 Principal Place of Business Mailing Address 1748 INDEPENDENCE BLVD 1748 INDEPENDENCE BLVD SUITE C4 Suite C-4 SARASOTA FL 34234 SARASOTA FL 34234-2150 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 65-0117077 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SARBEY, EDWARD H. SARBEY, EDWARD H. Street Address (P.O. Box Number is Not Acceptable) 1748 INDEPENDENCE BLVD SUITE C-4 SARASOTA FL 34234 Zip Code 34236 SARASOTA 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 if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS PD TITLE ☐ Change ☐ Addition CR2F034 (9/99 TITLE ☐ Delete SARBEY, EDWARD H NAME NAME 1748-INDEPENDENCE BLVD STE C+ 102 N. WARBLER LANE STREET ADDRESS STREET ADDRESS SARASOTA FL CITY-ST-7IP CITY-ST-ZIP 5A6RASOTA, FZ 34236 Change ☐ Addition TITLE ☐ Delete TITLE SCHWARTZ, DAVID J NAME 600 YARDARM LANZ 4748 INDEPENDENCE BLVD STE C-4 STREET ADDRESS STREET ADDRESS SARASOTA-FL ... CITY-ST-ZIP CITY-ST-ZIP = LONBORT KER, FZ-34228 ☐ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P 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 eport 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 trusted 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 of the ille empowered.

SIGNATURE: NING OFFICER OR DIRECTOR