2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 8:00 am
Secretary of State
04-18-2001 90040 030 ***150.00

DOCUMENT # K80732

1. Entity Name
OAK PARK INVESTMENTS, INC.

Principal Place of Business	Mailing Address
1748 INDEPENDENCE BLVD SUITE C-4 SARASOTA FL 34234	1748 INDEPENDENCE BLVD SUITE C-4 SARASOTA FL 34234

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
920 NORTHGATE BLVD	102 N. WABLER LANE
Suite, Apt. #, etc.: SUITE A-9	Suite, Apt. #, etc.:
City & State: SARASOTA, FLORIDA	City & State: SARASOTA, FLORIDA
Zip: 34234 Country:	Zip: 34236 Country:

4. FEI Number 65-0117077 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SARBEY, EDWARD H.
102 N. WARBLER LN
SARASOTA FL 34234

(ZIP CODE CORRECTION ONLY)

7. Name and Address of New Registered Agent

Name: Sarbey, Edward H
Street Address (P.O. Box Number is Not Acceptable): 102 N. Warbler Lane
City: Sarasota FL Zip Code: 34236

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: [signature]
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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SARBEY, EDWARD H 102 N. WARBLER LN SARASOTA FL 34236 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHWARTZ, DAVID J 600 YARDARIA LN LONGBOAT KEY FL 34228 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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] 4/2/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #