

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90008 021 \*\*\*150.00

DOCUMENT # K80732

1. Entity Name  
OAK PARK INVESTMENTS, INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 1920 Northgate Boulevard		3. Mailing Address 102 N. WARBLER LANE	
Suite, Apt. #, etc. SUITE A-9		Suite, Apt. #, etc.	
City & State SARASOTA FL		City & State SARASOTA FL	
Zip 34234	Country SARASOTA	Zip 34234	Country SARASOTA

**54016180**

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0117077		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name <b>SARBEY, EDWARD H.</b>	
	Street Address (P.O. Box Number is Not Acceptable) 102 N. WARBLER LN	
	City SARASOTA	Zip Code FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		
TITLE PD NAME <b>SARBY, EDWARD H</b> STREET ADDRESS 102 N. WARBLER LN CITY-ST-ZIP SARASOTA, FL 34236	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D NAME <b>SCHWARTZ, DAVID J</b> STREET ADDRESS 600 YARDARIA LN CITY-ST-ZIP LONGBOAT KEY, FL 34228	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600 YARDARIA LN 3
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **X** *Edward H. Sarbey* **X** 2/23/04 **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #