## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (ÚBR)

## May 02, 2003 8:00 am § Secretary of State K90290 DOCUMENT # 05-02-2003 90738 022 \*\*\*158.75 O.W.O. INVESTMENTS, INC. Principal Place of Business Mailing Address 407 S PACE BLVD P.O. BOX 12587 PENSACOLA FL 32501 PENSACOLA FL 32573 2. Principal Place of Business 3. Mailing Address P.O. BOX 6702-B CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2955061 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WINDHAM SR. ROBERT T Street Address (P.O. Box Number is Not Acceptable) 407 S PACE BLVD PENSACOLA FL 32501 Zip Code 3250 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State NOFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change ☐ Addition WINDHAM, ROBERT T. SR. NAME NAME 6702-B Plantation Rd. 407 S. PACE BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA FL CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME WINDHAM, SANDRA T. 407 S. PACE BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL TITLE: Delete ☐ Change NAME MAYE, KAY STREET ADDRESS 3715 HIDDEN OAK DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32504 Delete TITI F Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 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

SIGNATURE: