**FILED** 

Daytime Phone #

## 2002 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trustee er

SIGNATURE AND TYPED OF

SIGNATURE:

## Feb 26, 2002 8:00 am Secretary of State K94666 DOCUMENT # 1. Entity Name ORAM DISTRIBUTORS, INC. 02-26-2002 90017 010 \*\*\*150.00 Principal Place of Business Mailing Address 142 MILL CREEK RD 142 MILL CREEK RD JACKSONVILLE FL 32211 JACKSONVILLE FL 32211 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2956124 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MAXWELL, RONALD W Street Address (P.O. Box Number is Not Acceptable) 4800 BEACH BLVD STE # 5 JACKSONVILLE FL 32207 City Zip Code 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, typed or printed name of registered agent and title 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 IKec ☐ Delete TITLE ORAM, JOHN H. NAME NAME STPEET ADDRESS 1224 JAMAICA CT. STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition ORAM, JOYCE A. NAME NAME 1224 JAMAICA CT. STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP CITY-ST-ZIP Milody L. Cason TITLE -☐ Delete TITLE ☐ Change ☐ Addition CASON, MELODY L. NAME NAME 9803 Creekfront Rd #1203 STREET ADDRESS 10022 BRADLEY RD. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing of s not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information purals and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ecute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if indicated on this report or supplemental report is to