

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 06, 2000 8:00 am  
Secretary of State

03-06-2000 90055 014 \*\*\*150.00

DOCUMENT # K97316

1. Entity Name

OUGHTRED ENTERPRISES, INC.

Principal Place of Business

Mailing Address

756 BEACHLAND BLVD  
VERO BEACH FL 32963

756 BEACHLAND BLVD  
VERO BEACH FL 32963-1745  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0128123

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

COLLINS, GEORGE G JR ESQ  
756 BEACHLAND BLVD  
VERO BEACH FL 32963

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)

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	OUGHTRED, W L	
STREET ADDRESS	1900 DUNDAS ST W #245	
CITY-ST-ZIP	MISSISSAUGA, ONT CAN	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HAGEMAN, SUSAN M.	
STREET ADDRESS	1900 DUNDAS ST W #245	
CITY-ST-ZIP	MISSISSAUGA, ONT CAN	
TITLE	SD	<input type="checkbox"/> Delete
NAME	OUGHTRED, FREDA M.	
STREET ADDRESS	1900 DUNDAS ST W #245	
CITY-ST-ZIP	MISSISSAUGA, ONT CAN	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BOND, F. ELISE	
STREET ADDRESS	1900 DUNDAS ST W #245	
CITY-ST-ZIP	MISSISSAUGA, ONT CAN	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: W L Oughtred PRES. FEB 1, 2000 (405) 822-1316

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)