2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2003 8:00 am
Secretary of State
03-06-2003 90104 002 ***150.00

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DOCUMENT # L36933

1. Entity Name
SEVEN OAKS, INC.

Principal Place of Business	Mailing Address
15877 CTY RD 565A CLERMONT, FL 34712 US	~~P.O. BOX 121392~~ 9837 7 OAKS DR. CLERMONT, FL 34711

2. Principal Place of Business	3. Mailing Address
9837 7 OAKS DRIVE	9837 7 OAKS DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CLERMONT FL	City & State: CLERMONT, FL
Zip: 34711 Country: LAKE	Zip: 34711 Country: LAKE

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-2988857 ☐ 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
MARRA, JOSEPH J SR ~~46977 CR 565 A~~ 9850 7 OAKS DR CLERMONT, FL 34711	Name Street Address (P.O. Box Number Is Not Acceptable) City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
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
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS TURNER, LAURANNE ~~PO BOX 120695~~ 9846 7 OAKS DR CLERMONT, FL 34711 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD HEISNER, JAMES R ~~PO BOX 121314 N/A~~ 9837 7 OAKS DR CLERMONT, FL 34711 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MAINES, FRANK L ~~PO BOX 121334 N/A~~ 9841 7 OAKS DR CLERMONT, FL 34711 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MARRA, JOSEPH J SR ~~PO BOX 120695 N/A~~ 9850 7 OAKS DR CLERMONT, FL 34711 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CONDELL, JOELLEN 626 LONG POND RD PLYMOUTH, MA 02360 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARRA, NICHOLAS ~~PO BOX 120698~~ 9849 7 OAKS DR CLERMONT, FL 34711 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James R. Heisner JAMES R. HEISNER (Treasurer) 3-1-03 352-394-5144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #