

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90126 008 ***150.00

DOCUMENT # L44556

1. Entity Name
O AND R INVESTMENTS, INC.

Principal Place of Business Mailing Address
37731 STATE RD 19 **37731 STATE RD 19**
STE 1 **STE 1**
UMATILLA FL 32784 **UMATILLA FL 32784**
US **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
40 SABAL PALM Circle **40 SABAL PALM Circle**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
EUSTIS, FLA. **EUSTIS, FLA.**
 City & State City & State

4. FEI Number **59-2990946** Applied For
 Not Applicable

Zip Country Zip Country
32726 **USA** **32726** **USA**
 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
SASSER, RUTH Name **Ruth**
40 SABAL PALM CIRCLE Street Address (P.O. Box Number is Not Acceptable)
EUSTIS FL 32726 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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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	DP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEYER, OTTO		NAME		
STREET ADDRESS	1606 S CENTER ST		STREET ADDRESS		
CITY-ST-ZIP	EUSTIS FL 32726		CITY-ST-ZIP		
TITLE	DST	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEYER, RUTH		NAME	RUTH SASSER	
STREET ADDRESS	260 LAKEVIEW DR		STREET ADDRESS	40 SABAL PALM Circle	
CITY-ST-ZIP	UMATILLA FL		CITY-ST-ZIP	EUSTIS, FLA. 32726	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **Ruth Sasser** **Ruth SASSER** **2-4-02** **352-589-7337**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)