

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90008 032 ***150.00

DOCUMENT # L60684

1. Entity Name
OA ASSOCIATES, INC.

Principal Place of Business

% GEORGE T. ELMORE
 2350 S. CONGRESS AVE.
 DELRAY BEACH FL 33445

Mailing Address

% GEORGE T. ELMORE
 2350 S. CONGRESS AVE.
 DELRAY BEACH FL 33445

2. Principal Place of Business

2101 S. CONGRESS AVE

Suite, Apt. #, etc.

3. Mailing Address

2101 S. CONGRESS AVE

Suite, Apt. #, etc.

City & State

DELRAY BEACH, FL

Zip
33445

Country

City & State

DELRAY BEACH, FL

Zip

33445

Country

4. FEI Number

65-0178760

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ELMORE, GEORGE T.
 2350 S. CONGRESS AVENUE
 DELRAY BEACH FL 33445

ADDRESS
 CHANGE

7. Name and Address of New Registered Agent

Name **GEORGE T. ELMORE**

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

2101 SO. CONGRESS AVE

City **DELRAY BEACH**

FL

Zip Code

33445

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 of George T. Elmore)
 Signature of individual or corporate name of registered agent and not acceptable (NOTE: Registered Agent signature required when reinstating)

1-4-02

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, 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

TITLE **DP** ☐ Delete
 NAME **ELMORE, GEORGE T.**
 STREET ADDRESS **2350 S. CONGRESS AVE.**
 CITY-ST-ZIP **DELRAY BEACH FL**

TITLE **DST** ☐ Delete
 NAME **GORDON, DOUGLAS G.**
 STREET ADDRESS **2350 S. CONGRESS AVE.**
 CITY-ST-ZIP **DELRAY BEACH FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☒ Change ☐ Addition
 NAME **GEORGE T. ELMORE**
 STREET ADDRESS **2101 S. CONGRESS AVE**
 CITY-ST-ZIP **DELRAY BEACH, FL 33445**

TITLE **DST** ☒ Change ☐ Addition
 NAME **DOUGLAS G. GORDON**
 STREET ADDRESS **2101 S. CONGRESS AVE**
 CITY-ST-ZIP **DELRAY BEACH, FL 33445**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

(Signature of Douglas G. Gordon)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-02 561-278-0456 x220

Date

Daytime Phone #

CR2E034 (9/01)