## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## M47098 **DOCUMENT #**

1. Entity Name

OLDHAM INVESTMENTS INC.



May 02, 2003 8:00 am Secretary of State **FILED** 

	THE TOTAL POTO, INC.						
Principal Place of Business C/O STEPHEN A. FREEMAN 520 BRICKELL KEY DRIVE. STE.305 MIAMI FL 33131		Mailing Address C/O STEPHEN A. FREEMAN 520 BRICKELL KEY DRIVE, STE.305 MIAMI FL 33131					
2. Principal Place of Business		3. Mailing Address		-		BABAT BABTA ABBA	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 65-0193044	<u> </u>	oplied For ot Applicable	
Zip	Country	Zip	Coun	itry	5. Certificate of Status Desired	\$8.75 Add	ditional
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registere	d Agent	
				Name			
FREEMAN	n, stephen a.			200111111111111111111111111111111111111		<del></del> -	
520 BRIC	KELL KEY DRIVE			Street Address (	P.O. Box Number is Not Acceptable)		
STE.305							
MIAMI FL	. 33131			City	F	Zip Cod	e
8. The above named entity submits this statement for the purpose of changing its register				ed office or register			and accept
	tions of registered agent.	i the purpose of changing	na regiotere	ea office of register	od agent, or boar, in the state of horida. Ta	iri rairinigi widi,	and about
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (N	NOTE: Registere	d Agent signature required	when reinstating) DATE		
	H P NOWIN PEE 10 6450.00						
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00					9. Election Campaign Financing	_ \$5.0	May Be
	Revenue to Florida Department of	f State			Trust Fund Contribution.	☐ Added	d to Fees
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	S IN 11
TITLE	DP	☐ Delete	TITLE	E		☐ Change	Addition
NAME	Freeman, Stephen A.		NAM	E			
STREET ADDRESS	520 BRICKELL KEY DR.#305						
CITY-ST-ZIP			STRE	ET ADDRESS			
	MIAMI FL		- 1	ET ADDRES\$ -ST-ZIP			
TITLE	MIAMI FL S	☐ Delete	- 1	-ST-ZIP		☐ Change	☐ Addition
NAME	MIAMI FL S ARISTONDO, HILDIE L.	☐ Delete	CITY TITLE NAM	-ST-ZIP E		<del>-</del>	☐ Addition
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NAME STREET ADDRESS CITY-ST-ZIP	MIAMI FL S ARISTONDO, HILDIE L. 520 BRICKELL KEY DR #305	☐ Delete	CITY TITLE NAMI STRE CITY	-ST-ZIP E E EET ADDRESS -ST-ZIP E -		<del>-</del>	☐ Addition
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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: