

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90063 032 ***150.00

DOCUMENT # M64057

1. Entity Name

OFFICE ENVIRONMENT CENTER, INC.

Principal Place of Business

**4805-SW 34 STREET
 GAINESVILLE FL 32608
 US**

Mailing Address

**4805 SW 34 STREET
 GAINESVILLE FL 32608
 US**

2. Principal Place of Business

**1601 NW 80th Blvd
 Suite, Apt. #, etc.**

3. Mailing Address

**1601 NW 80th Blvd
 Suite, Apt. #, etc.**

City & State

Gainesville, FL

City & State

Gainesville, FL

4. FEI Number

59-2866517

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SALTER, WILLIAM E JR
 2345 N WATSEEDGE DRIVE
 CRYSTAL RIVER FL 34429**

7. Name and Address of New Registered Agent

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.

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, 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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **SALTER, WILLIAM E., JR.**
 CITY-ST-ZIP **2345 N WATSEEDGE DRIVE
 CRYSTAL RIVER FL 34429**

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **SALTER, DAVID P.**
 CITY-ST-ZIP **411 SW 117TH STREET
 GAINESVILLE FL 32608**

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **SALTER, HELEN**
 CITY-ST-ZIP **2345 N WATSEEDGE DRIVE
 CRYSTAL RIVER FL 32608**

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **SALTER, VICKI**
 CITY-ST-ZIP **411 SW 117TH STREET
 GAINESVILLE FL 32608**

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

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

TITLE ☒ Change ☐ Addition
 NAME **T**
 STREET ADDRESS **Salter, Helen**
 CITY-ST-ZIP **2345 N. Watsedge Drive
 Crystal River, FL 32608**

TITLE ☒ Change ☐ Addition
 NAME **S**
 STREET ADDRESS **Salter, Vicki**
 CITY-ST-ZIP **411 S.W. 117th Street
 Gainesville, FL 32608**

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/02

Date

352-332-1192

Daytime Phone #

CR2E034 (9/01)