

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91440 029 *****61.25

DOCUMENT # N01000006038

1. Entity Name
OLTRA, INC.



Principal Place of Business
**400 N. Tampa Street
Suite 2300
Tampa, FL 33602**

Mailing Address
**400 North Tampa Street
Suite 2300
Tampa, FL 33602**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3757446

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ANGELICI, LINA ESQ
SCHIFINO & FLEISCHER PA
201 NORTH FRANKLIN STREET SUITE 2700
TAMPA, FL 33602**

7. Name and Address of New Registered Agent

Name

Carter B. McCain, Esq.

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

400 N. Tampa St., Suite 2300

City

Tampa

FL

Zip Code
33602

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

Carter B. McCain

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

4/24/03
DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **SCHIFINO, DAVID M**
STREET ADDRESS **201 N FRANKLIN STREET SUITE 2700**
CITY-STATE-ZIP **TAMPA, FL 33602**

TITLE **D** ☒ Delete
NAME **KIRSCHNER, GARY E**
STREET ADDRESS **201 N FRANKLIN STREET SUITE 2700**
CITY-STATE-ZIP **TAMPA, FL 33602**

TITLE **D** ☒ Delete
NAME **BURNS, RICHARD**
STREET ADDRESS **201 N FRANKLIN STREET SUITE 2700**
CITY-STATE-ZIP **TAMPA, FL 33602**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
NAME **Davoudi, Ali**
STREET ADDRESS **400 N. Tampa Street, Suite 2300**
CITY-STATE-ZIP **Tampa, FL 33602**

TITLE **D** ☐ Change ☒ Addition
NAME **Teutenberg, Fred Jr.**
STREET ADDRESS **400 N. Tampa Street, Suite 2300**
CITY-STATE-ZIP **Tampa, FL 33602**

TITLE **D** ☐ Change ☒ Addition
NAME **Smith, Suzanne**
STREET ADDRESS **400 N. Tampa Street, Suite 2300**
CITY-STATE-ZIP **Tampa, FL 33602**

TITLE **D** ☐ Change ☒ Addition
NAME **Owenby, Steve**
STREET ADDRESS **400 N. Tampa Street, Suite 2300**
CITY-STATE-ZIP **Tampa, FL 33602**

TITLE **D** ☐ Change ☒ Addition
NAME **Gachupin, Kai**
STREET ADDRESS **400 N. Tampa Street, Suite 2300**
CITY-STATE-ZIP **Tampa, FL 33602**

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

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03
Date

713 530 1888
Daytime Phone #

CR2E037 (10/02)