2001 UNIFORM BUSINESS REPORT (UBR)

Apr 20, 2001 8:00 am Secretary of State **DOCUMENT # N31381** 1. Entity Name OAK COVE, INC. 04-20-2001 90111 001 ***122.50 Principal Place of Business Mailing Address 420 BAY AVENUE 420 BAY AVENUE CLEARWATER FL 34618-CLEARWATER FL 34010 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3016707 Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MCHALE, GERARD A JR 1601 JACKSON ST SUITE 200 Zip Code City FT MYERS FL 33901 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. **Addition** iresident ☐ Change TITLE Delete TITLE almoley MCHALE, GERARD A JR NAME NAME ist. @ Girard 'ave STREET ADDRESS STREET ADDRESS 1601 JACKSON ST #200 CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL 33901 ☐ Change Addition Delete TITLE TITLE vin Swedsen GIBSON, JAMES NAME NAME 1150 EIGHTH AVE SW STREET ADDRESS 210 Moccasin Tra STREET ADDRESS CITY-ST-ZIP -CITY_ST~ZIP_ LARGO:FL-33770 -----☐ Change Addition TITLE TITLE Delete tranceski **VELASCO, DENNIS** NAME NAME STREET ADDRESS Delaware St. STREET ADDRESS 8406 W GULF BLVD CITY-ST-7IP CITY-ST-ZIP TRUEASURE ISLAND FL 33706 Addition ☐ Change ☐ Delete TITLE TITLE irector NAME NAME Sauermann STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-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 of 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

SIGNATURE:

Daytime Phone #

changed, or on an attachment