941-764-7023 Daytime Phone #

FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SENING OFFICER OR DIRECTOR

DOCUMENT # N37866 1. Entity Name					Mar 26, 2001 8:00 am Secretary of State			
•	O AMERICAN SOCIETY INC.			,	03-26-2001 90071 0			
Principal Plac	ce of Business	Mailing Address						
2525 HARBOR BLVD. P.O. BOX 2347 SUITE 204 PORT CHARLOTTE FL 33949 PORT CHARLOTTE FL 33952 US				1 (88)(18)	000 15115 1 000 1 0 010 0 110 0 115 0 1011 1	DIBNI BIĞIN OKRNI GI	#() 8/8(()68)	
2. Principal F	Place of Business	3. Mailing Address						
2235 Suite, Apt.			P. 0. 130 x 3828 Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE.			
City & Stat	CHARLOTTE, FL	City & State PORT CHARLOTTE, FL			4. FEI Number 65-0214096 Applied For Not Applicable			
Zip Country		Zip	Country		5 Certificate of Status Desired \$8.75 Additional			
3395	2 6. Name and Address of Current F	33949	<u>USA</u>		Address of New Registered	Fee Require	d	
	and the second s	iografia Agritt	Name	TERE SITA	KINDLE			
22326 PE	AL, GENE V EACHLAND BLVD. IARLOTTE FL 33952			Street Address (P.O. Box Number is Not Acceptable) Punta Gada H.				
8 The above	named entity submits this statement for	the purpose of changing its re	agistered office o	r registered agent, or both		- 00	780	
				\$5.00 May Be Added to Fees	OD May Be Make Check Payable to			
10.	OFFICERS AND DIR	ECTORS	11.		ANGES TO OFFICERS AND D	IRECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VILLAREAR, GENE 2525 HARBOR BLVD 204 PT CHARLOTTE FL 33952	≯ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	.52088 DE	RESITA EP CREEK BLY da , FL 389	•	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KINDLE, TERRY 201 W. MARION AVENUE, #310 PUNTA GORDA FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ND ASPERILLAM SEE 3300 T	MARIC MMIAMITERIC, HARLOTE; FL	Sulifer		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FRAZIER, CORA 22356 (YOOK) AVE PT CHARLOTTE FL 33952	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ተስ	ORA ICK AUE TE, FL 3395	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROBBINS, LUISA 21363 HEPNSA AVE PT CHARLOTTE FL 33952	∑ CDDelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ONTOG, BETT		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
indicated of the cor	certify that the information supplied with to on this report or supplemental report is poration or the receiver or trustee empore, or on an attachment with an address, we	true and accurate and that my wered to execute this report as	signature shall h	ave the same legal effect	as if made under oath; that I	am an officer	or director	