

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90792 001 ***300.00

047137 AV

DOCUMENT # P00000022042

1. Entity Name
OES HOLDINGS, INC.

Principal Place of Business

**20 LAKE WIRE DRIVE SUITE 200
 LAKE LAND FL 33815**

Mailing Address

**20 LAKE WIRE DRIVE SUITE 200
 LAKE LAND FL 33815**

2. Principal Place of Business

**2830 Parkway St.
 Suite, Apt. #, etc.**

3. Mailing Address

**2830 Parkway St.
 Suite, Apt. #, etc.**

City & State

Lakeland, FL

City & State

Lakeland, FL

Zip

33811

Country

USA

Zip

33811

Country

USA

4. FEI Number

59-3628195

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**RODGERS, BRUCE M ESQ
 100 N TAMPA STREET SUITE 2700
 TAMPA FL 33602**

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 **P** ☐ Delete
 NAME **MIRANDA, NORMAN**
 STREET ADDRESS **20 LAKE WIRE DRIVE**
 CITY-ST-ZIP **LAKE LAND FL 33815**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
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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 **P** ☒ Change ☐ Addition
 NAME **Miranda, Norman**
 STREET ADDRESS **2830 Parkway St.**
 CITY-ST-ZIP **Lakeland, FL 33811**

TITLE **VP** ☐ Change ☒ Addition
 NAME **Kihn, Gary**
 STREET ADDRESS **2830 Parkway St.**
 CITY-ST-ZIP **Lakeland, FL 33811**

TITLE **VP** ☐ Change ☒ Addition
 NAME **Benigni, Morris**
 STREET ADDRESS **2830 Parkway St.**
 CITY-ST-ZIP **Lakeland, FL 33811**

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

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:

Morris Benigni

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/02

Date

863-683-4646

Daytime Phone #

CR2E034 (9/01)