## **2001 UNIFORM BUSINESS REPORT (UBR)**

# DOCUMENT # P0000030250

1. Entity Name

### **OAKWOOD 19 CORPORATION**

# Principal Place of Business 1280 LAKE ELBERT DRIVE, SE 1280 LAKE ELBERT DRIVE, SE WINTER HAVEN FL 33880 2. Principal Place of Business 3. Mailing Address Suite Apt. # oto

# FILED May 04, 2001 8:00 am Secretary of State

05-04-2001 90074 022 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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?	4. FEI Number 59-3637302					plied For t Applicable				
	Country Zip Co		Coun	untry		Certificate of Status Desired 7 \$8.			.75 Additional	
Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
JOHNSON, GLADYS E 2742 E. DELLWOOD DRIVE					Name Street Address (P.O. Box Number is Not Acceptable)					
IS FL 32720	6			City			FL	Zip Code	9	
named entity	submits this statement for	the purpose of changing its	s register	ed office or	registered ac	gent, or both, in the State of Florida				
Signature, typed	or printed name of registered agent ar	nd title if applicable. (NOT	ΓE: Registoro	d Agent signati	ure required when a	einstating)	DATE			
-		After MAY 1, 2001 Fee will be \$55 Make Check Payable to Department			50.00	10. Election Campaign Finance Trust Fund Contribution.	ng		<b>0</b> May Be I to Fees	
A**	OFFICERS AND D		12.				RS AND	DIRECTORS	3 IN 11	
GUY, ROB 1280 LAK	e elbert drive, se	☐ Delete	NAM STRI		SD, DONNSON 2742 E	GLAdysE E. Dallwooldrive FL 32726		☐ Change	Addition	
THOMAS, 1280 LAKI	e elbert drive, se	☐ Delete	NAN STR	1E EET ADDRESS				Change	☐ Addition	
300 LAKE	MARIE BLVD.	☐ Delete	NAN STR	1E EET ADDRESS				Change	☐ Addition	
		☐ Delete	NAM STR	1E EET ADDRESS				Change	Addition	
		☐ Delete	NAM STR	ME EET ADDRESS				☐ Change	☐ Addition	
		☐ Delete	NA/ STP	ME EET ADORESS				☐ Change	☐ Addition	
	6. Name  SON, GLAE E. DELLWC S FL 32720  named entity  signature, typed of the control is eligically equirement a control	Country  6. Name and Address of Current R  SON, GLADYS E E. DELLWOOD DRIVE IS FL 32726  Inamed entity submits this statement for  Signature, typed or printed name of registered agent ar  ration is eligible to satisfy its Intangible equirement and elects to do so.  ia on back)  OFFICERS AND E  STD  GUY, ROBERT E  1280 LAKE ELBERT DRIVE, SE  WINTER HAVEN FL  CD  THOMAS, ROY C  1280 LAKE ELBERT DRIVE, SE  WINTER HAVEN FL	Country  6. Name and Address of Current Registered Agent  SON, GLADYS E E. DELLWOOD DRIVE S FL 32726   named entity submits this statement for the purpose of changing its  Signature, typed or prived name of registered agent and title if applicable. (NO'  ration is eligible to satisfy its Intangible equirement and elects to do so. is on back)  OFFICERS AND DIRECTORS  STD  OFFICERS AND DIRECTORS  STD  OFFICERS AND DIRECTORS  STD  Delete  THOMAS, ROY C  1280 LAKE ELBERT DRIVE, SE  WINTER HAVEN FL  D  REASONER, BEN  300 LAKE MARIE BLVD.  WINTER HAVEN FL  D Delete  Delete	Country  Country  Zip  Country  6. Name and Address of Current Registered Agent  SON, GLADYS E E. DELLWOOD DRIVE IS FL 32726  Signature, typed or privated name of registered agent and title if applicable.  (NOTE: Registered Agent and title if applicable.  Signature, typed or privated name of registered agent and title if applicable.  (NOTE: Reg	Country  Country  Zip  Country  6. Name and Address of Current Registered Agent  Name  SON, GLADYS E E. DELLWOOD DRIVE S FL 32726  City  named entity submits this statement for the purpose of changing its registered office or registered agent and title if applicable.  (NOTE: Registored Agent signaturation is eligible to satisfy its Intangible equirement and elects to do so. a on back)  OFFICERS AND DIRECTORS  STD  OFFICERS AND DIRECTORS  STD  OFFICERS AND DIRECTORS  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Country  Zip  Country  Zip  Country  5. 6. Name and Address of Current Registered Agent  Name  Street Address (P.O. 6  Street Address (P.O. 6  Street Address (P.O. 6  City  Taxon is eligible to satisfy its Intangible agent and atteil applicable.  FILE NOW!!! FEE IS \$150.00  After MAY 1, 2001 Fee will be \$550.00  Make Check Payable to Department of State  OFFICERS AND DIRECTORS  STD  OFFICERS AND DIRECTORS  TITLE  NAME  1280 LAKE ELBERT DRIVE, SE  WINTER HAVEN FL  CD  THOMAS, ROY C  1280 LAKE ELBERT DRIVE, SE  WINTER HAVEN FL  D  THOMAS, ROY C  1280 LAKE ELBERT DRIVE, SE  WINTER HAVEN FL  D  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Country  Country  Zip  Country  5. Certrificate of Status Desired  6. Name and Address of Current Registered Agent  7. Name and Address of New Regis  Son, GLADYS E E. DELLWOOD DRIVE  S FL 32726  City  Cit	Country  Country  Country  Special Country  Submits and Address of Current Registered Agent  Name  Sured Address (P.O. Box Number is Not Acceptable)  City  File  City  File  City  File  City  File  Name  City  File  City  File  Name  Ci	Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. Son, GLADYS E E. DELLWOOD DRIVE S. FL. 32726    City   FL   Zip Code	

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 AND TYPED ORDERNIED NAME OF SIGNING OFFICER OR DIRECTO

4/25/01

863-326-6754

Daytime Phone #