2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P00000046252

1. Entity Name MR OAK.COM, INC.



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

05-05-2003 90248 006 ***150.00

| | | | | | W.E. | | | | | | |
|--|---|--|------------------------|-----------|--|-----------------|---------------------------------------|--|----------------|-----------------|--|
| Principal Place of Business 39857 US 19 N | | | | | | | | | | | |
| CLEARWATER FL 33761 | | | | | | | | | | | |
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| •• | | • | | | | | | | | | |
| 2. Principal Place of Business 3 | | | 3. Mailing Address | | | | -{ | | | | |
| Suite, Apt | . #, etc. | Sui | te, Apt. #, etc. | | | _ | CHECK HERE I | - MAKING (| CHANGE: | S | |
| City & State | | | City & State | | | 4 55 | 4 FELNumber | | | | |
| Oity di Oia | ic | 0.0, | , a ciale | | | 4. FE | 59-3644199 | | <u> </u> | ' ' | |
| Zip | Country | Zip | | Соип | itry | 5. Ce | ertificate of Status Desired | | 8.75 A | dditional | |
| | 6 Name and Address of Cu | 3. Mailing Address Suite, Api. #, etc. CHECK HERE IF MAKING CHANGES | | | | | | | | | |
| <u></u> | v. Hame and Address Of Cl | 39857 US 19 N CLEARWATER FL 33761 Of Business 3. Mailing Address c. Suite, Apt. #, etc. City & State Zip Name and Address of Current Registered Agent IN FL 33761 ed entity submits this statement for the purpose of changing it of registered agent. NOW!!! FEE IS \$150.00 71, 2003 Fee will be \$550.00 rable to Florida Department of State OFFICERS AND DIRECTORS HETTE, STEVEN LEO 23 BEECHWOOD TERRACE ELLAS PARK FL 33781 Delete DMAS, JOHN FLOREY 5 BILINGS DR LIDAY FL 34690 2.C | | | Name | /. Na | inie anu Auuress of New Re | yıstereti Ağ | Jen | | |
| THOMAS | IOHN | | | | 1 value | | | | | , | |
| 29857 US 19 N | | | | • | - · - · · · · · · · · · · · · · · · · · | | | | | | |
| | | | | | | | | | | | |
| CLEARW | ATER FL 33761 | | | | | | | | | | |
| . | | | | | City | | | FL | Zip Co | ode | |
| 8 The above | named entity submits this statem | ent for the our | nose of changing its r | enieter | L | tored agen | it or both in the State of Flor | ida Lamfa | miliar with | h and accent | |
| | tions of registered agent. | ratio and part | adds of one ging na . | og.o.o. | 04 000 00g.0 | | it, or both, in the diate of her | ida. Tamina | TIME THE | n, and accopt | |
| | | | | | | | | | | | |
| SIGNATURE | | d d side :6 | -Early MOTE | Di | | | | DATE | | | |
| | signature, typed or printed name or registere | u agent and title if app | plicable. (NOTE: | Hegistere | d Agent signature requi | irea when reins | stating) | DAIE | | | |
| F | ILE NOW!!! FEE IS \$150.0 | 0 | | | | İ | • Flanking Communication Fig. | | Φ. | 00 | |
| Afte | r May 1, 2003 Fee will be \$55 | 0.00 | | | | | , , , , , , , , , , | | | | |
| Make Check | k Payable to Florida Departm | ent of State | [| | | i | nust runa contribution | . ப | Adde | ed to rees | |
| 10. | OFFICERS | AND DIRECTO | DRS | 11. | | ADDI | ITIONS/CHANGES TO OFFIC | CERS AND D | DIRECTO | RS IN 11 | |
| TITLE | D | | □ Delete | TITLE | | | | | - | | |
| NAME | PICHETTE, STEVEN LEO | | L.J Delete | | | | | | Onlange | | |
| STREET ADDRESS | | CE | | 1 | 1 | | | • | | | |
| CITY-ST-ZIP | PINELLAS PARK FL 33781 | - | | | | | | | | | |
| TITLE | D | | | | | | | | | — AJJ2: | |
| | , - | | L Delete | | · . | | | | Change | Addition | |
| NAME | 1 | | | | | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | | | | | | | | |
| CIT-51-ZIP | | | | CITY | -SI-ZIP | | | | | | |
| TITLE | sec _ | | ☐ Delete | TITLE | | | | | Change | ☐ Addition | |
| NAME | THOMAS, TI | FFANY | \mathbf{m} | NAM | E | | | | | | |
| STREET ADDRESS SOIF BILLINGS DR. | | | | STRE | ET ADDRESS | | | | _ | | |
| CITY-ST-ZIP | HOLIDAY FL 34 | 1690 | | CITY | - ST- ZIP | | ± | | | | |
| TITLE | VO. | | ☐ Delete | TITLE | | | | ſ | Change | Addition | |
| NAME | Dichotte JOGF | tua s | | NAMI | | | | ı | | | |
| STREET ADDRESS | 3523 Beechwa | ST GOO | race | 1 | ET ADDRESS | | | | | | |
| CITY-ST-ZIP | PIGGOLIAS A | AOK F | 32701 | | -ST-ZIP | | | | | | |
| | <u> </u> | 11-15 1- | 1 40101 | | | | | | | | |

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 eath; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP TITLE

SIGNATURE:

TITLE

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