

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2001 8:00 am
Secretary of State

05-02-2001 90201 031 ***150.00

DOCUMENT # P00000084552

1. Entity Name
OCP, INC.

Principal Place of Business
4600 W HILLSBOROUGH AVE
TAMPA FL 33610

Mailing Address
PO BOX 260502
TAMPA FL 33685

2. Principal Place of Business
4822 BONITA VISTA DR
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
TAMPA, FL
Zip
33634
Country
USA

City & State

4. FEI Number
59-3671056

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SURRATT, LUARA
2402 S 68TH ST
TAMPA FL 33619

Name JOHN TORTORELLO
Street Address (P.O. Box Number is Not Acceptable)
4822 BONITA VISTA DR
City TAMPA, FL Zip Code 33634

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 *John Tortorello*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4/26/2001

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME SURRATT, LAURA
STREET ADDRESS 2402 S 68TH ST
CITY-ST-ZIP TAMPA FL 33619 ☒ Delete

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

TITLE DST
NAME BYRD, MARGIE
STREET ADDRESS 4127 PALO ALTO DR
CITY-ST-ZIP LAKELAND FL 33813 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE P
NAME BYRD, ROBERT F
STREET ADDRESS 4127 PALO ALTO DR
CITY-ST-ZIP LAKELAND, FL 33813 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE VP
NAME TORTORELLO JOHN
STREET ADDRESS 4822 BONITA VISTA DR
CITY-ST-ZIP TAMPA, FL 33634 ☐ 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

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: *John Tortorello VP*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/26/2001 (813) 620-4262
Daytime Phone #

CR2E034 (10/00)