

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2002 8:00 am
Secretary of State

09-03-2002 90116 011 ***550.00

DOCUMENT # P00000086703

1. Entity Name
THREE OAKS CORPORATION

Principal Place of Business

**1012 N 72ND ST
 PENSACOLA FL 32506**

Mailing Address

**1012 N 72ND ST
 PENSACOLA FL 32506**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

200 LAFAYETTE ST. STE 750

Suite, Apt. #, etc.

STE 750

City & State

BR. LA.

Zip

70801

Country

4. FEI Number

59-3672946

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SCIACCHETANO, MICHAEL
 1012 N 72ND ST
 PENSACOLA FL 32506**

7. Name and Address of New Registered Agent

Name

Michael Sciacchetano

Street Address (P.O. Box Number is Not Acceptable)

1012 N 72ND AVE

City

PENSACOLA

FL

Zip Code

32506

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Michael Sciacchetano

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/22/02

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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 **SCIACCHETANO, MICHAEL**
 STREET ADDRESS **200 LAFAYETTE STREET STE 750**
 CITY-ST-ZIP **BATON ROUGE LA 70801**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

Michael Sciacchetano
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/22/02

Date

(225)

343 7811
 Daytime Phone #

CR2E034 (4/02)