

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000109335

1. Entity Name

OBVI, INCORPORATED

Principal Place of Business

Mailing Address

16427 BECASSE DR  
PUNTA GORDA FL 33955

16427 BECASSE DR  
PUNTA GORDA FL 33955

2. Principal Place of Business

3. Mailing Address

4300 Kings Hwy  
Suite, Apt. #, etc.  
602

Suite, Apt. #, etc.

City & State  
Pt. Charlotte, FL

City & State

Zip  
33980

Country  
US

Zip  
Country

4. FEI Number  
05-1066396

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

BRANNON, TONY  
16427 BECASSE DR  
PUNTA GORDA FL 33955

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

3-21-01

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BRANNON, TONY  
16427 BECASSE DR  
PUNTA GORDA FL 33955 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BRANNON, CHASTITY  
16427 BECASSE DR  
PUNTA GORDA FL 33955 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
RIGGS, TIMOTHY A  
16427 BECASSE DR  
PUNTA GORDA FL 33955 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Riggs, Timothy A  
16491 Becasse Dr.  
Punta Gorda, FL 33955 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
RIGGS, DEBORAH K  
16427 BECASSE DR  
PUNTA GORDA FL 33955 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
Riggs, Deborah K  
16491 Becasse Dr.  
Punta Gorda, FL 33955 ☒ 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

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-21-01 941 515-0441

CR2E034 (10/00)