

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2002 8:00 am
Secretary of State

08-04-2002 90159 044 ***150.00

DOCUMENT # P00000109335

1. Entity Name
OBVI, INCORPORATED

Principal Place of Business
4300 KINGS HWY
#602
PORT CHARLOTTE FL 33980
US

Mailing Address
16427 BECASSE DR
PUNTA GORDA FL 33955

B0133407



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-1066396

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SIGNATURE

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

PRES.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/29/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE **D** ☐ Delete
NAME **RIGGS, TIMOTHY A**
STREET ADDRESS **16491 BECASSE DR**
CITY-ST-ZIP **PUNTA GORDA FL 33955**

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

TITLE **D** ☐ Delete
NAME **RIGGS, DEBORAH K**
STREET ADDRESS **16491 BECASSE DR**
CITY-ST-ZIP **PUNTA GORDA FL 33955**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

CR2E034 (4/02)

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/02 941 764-1331

Date

Daytime Phone #

Attachment

July 29, 02

#P000000109335

Division of Corporations,

My name is Tony Brannon, owner of Obee's, (OBVI INC.). I recently received a renewal for our corporation name for \$550.00. I called my accountant, he said that the fee should only be \$150.00. The reason I'm sending you this letter is that I didn't receive the initial letter for June renewal. Here is a check for \$150.00 it would be greatly appreciated if you'd accept this payment. If you have any questions please call before 11:00am or after 2:00pm (941) 764-1331.

Thank You,

Tony Brannon pres.