

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000110361**

1. Entity Name

SEVEN OAKS TRADING CO.**FILED****May 04, 2001 8:00 am**
Secretary of State

05-04-2001 90006 025 ***150.00

Principal Place of Business

Mailing Address

~~4400 N FEDERAL HIGHWAY SUITE 44~~
~~BOCA RATON FL 33431~~~~4400 N FEDERAL HIGHWAY SUITE 44~~
~~BOCA RATON FL 33431~~

2. Principal Place of Business

513 Bankhead Hwy.

Suite, Apt. #, etc.

No. 126

3. Mailing Address

513 Bankhead Hwy.

Suite, Apt. #, etc.

No. 126

City & State

Carrollton, Georgia

City & State

Carrollton, Georgia

Zip

30117

Country

USA

Zip

30117

Country

USA

4. FEI Number

65-1057559

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FELDMAN, RICHARD A
4400 N FEDERAL HIGHWAY SUITE 44
BOCA RATON FL 33431

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

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 State10. 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	P/D
STREET ADDRESS		STREET ADDRESS	M. Richard Kaufmann, Jr.
CITY-ST-ZIP		CITY-ST-ZIP	513 Bankhead Hwy., No. 126
			Carrollton, GA 30117
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	V/S/D
STREET ADDRESS		STREET ADDRESS	Janice H. Whitmire
CITY-ST-ZIP		CITY-ST-ZIP	513 Bankhead Hwy., No. 126
			Carrollton, GA 30117
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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

4-25-01

Date

(770) 926-7378

Daytime Phone #

CR2E034 (10/00)