

2001 UNIFORM BUSINESS REPORT (UBR)

0006625

DOCUMENT # P00000113600

1. Entity Name

OIX, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 15 PM 7:40

Principal Place of Business

265 SUNRISE AVENUE
SUITE 204
PALM BEACH FL 33480

Mailing Address

265 SUNRISE AVENUE
SUITE 204
PALM BEACH FL 33480

2. Principal Place of Business

3665 Bee Ridge Road

Suite, Apt. #, etc.

300

City & State

Sarasota, Florida

Zip

34236

Country

USA

3. Mailing Address

3665 Bee Ridge Road

Suite, Apt. #, etc.

300

City & State

Sarasota, Florida

Zip

34236

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

☒ Not Applicable

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

6. Name and Address of Current Registered Agent

MINTMIRE, DONALD F P.A.
265 SUNRISE AVENUE
SUITE 204
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name

G MICHAEL SWOR

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

3663 Bee Ridge Rd

City

SARASOTA

FL

Zip

34233

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]

G MICHAEL SWOR

8/31/01

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 State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PDC	<input type="checkbox"/> Delete
NAME	Swor, GM	
STREET ADDRESS	3663 Bee Ridge Road	
CITY-ST-ZIP	Sarasota, FL 34233	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	Lawrence, Donald	
STREET ADDRESS	716 Edgemoor Trail	
CITY-ST-ZIP	Sarasota, FL 34242	
TITLE	Director	<input type="checkbox"/> Delete
NAME	DAVID SWOR	
STREET ADDRESS	16621 Bobcat Ct SW	
CITY-ST-ZIP	FT MYERS, FL 33908	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Jim D Stuart	
STREET ADDRESS	155 RAINBOW TRAIL	
CITY-ST-ZIP	JUPITER, FL 33458-7341	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

G M SWOR

8/29/01

941330-8885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)