2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

DOCUMENT # P01000030396 **Secretary of State** 1. Entity Name 03-07-2002 90062 037 ***158.75 ONCARLEE, INC. Principal Place of Business Mailing Address 3500 CREIGHTON RD APT #L-4 3500 CREIGHTON RD APT #L-4 PENSACOLA FL 32504 PENSACOLA FL 32504 Mailing Address Principal Place of Business DD4 Beaycat Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 73-*15819* NSaCol Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WOOTEN, CORNELIUS Street Address (P.O. Box Number is Not Acceptable) 3500 CREIGHTON RD APT #L-4 PENSACOLA FL 32504 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filling requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DP Change TITLE ☐ Delete TITLE ☐ Addition WOOTEN, CORNELIUS NAME NAME 2004 Bearcat Court 3500 CREIGHTON RD APT #L-4 STREET ADDRESS STREET ADDRESS Pensacola, FL 32501 PENSACOLA FL 32504 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE M Change Addition NAME WOOTEN, CLARICE H NAME 2004 Bearcat Court STREET ADDRESS 3500 CREIGHTON RD APT #L-4 STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32504 CITY-ST-ZIP TITLE Delete ----TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

FILED Mar 07, 2002 8:00 am

CR2E034 (9/01)