

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90017 040 ***158.75

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DOCUMENT # P01000042999

1. Entity Name

OBERMAN MANAGEMENT INC

Principal Place of Business

**900 KIRBY ST
P.O. BOX 1739
PALATKA FL 32178**

Mailing Address

**900 KIRBY ST
P.O. BOX 1739
PALATKA FL 32178**

2. Principal Place of Business

904 Kirby St.

3. Mailing Address

904 Kirby St.

Suite, Apt. #, etc.

P.O. BOX 1157

Suite, Apt. #, etc.

P.O. BOX 1157

City & State

Palatka, FL

City & State

Palatka, FL

4. FEI Number

59-3717019

Applied For

Not Applicable

Zip **32178-1157**

Country **USA**

Zip **32178-1157**

Country **USA**

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

6. Name and Address of Current Registered Agent

**HALL, CHARLES E
77 ALMERIA ST
ST AUGUSTINE FL 32084**

7. Name and Address of New Registered Agent

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, 2002 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 **DPT** ☐ Delete
NAME **OBERMAN, SIDNEY E**
STREET ADDRESS **13 7TH ST**
CITY-ST-ZIP **ST AUGUSTINE FL 32080**

TITLE **DVS** ☐ Delete
NAME **OBERMAN, CONNIE J**
STREET ADDRESS **13 7TH ST**
CITY-ST-ZIP **ST AUGUSTINE FL 32080**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

Connie J. Oberman

CONNIE JOBERMAN DVS 1-9-02

386-325-7223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)