FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 AUG 27 PM 4:47

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000045775

1. Entity Name
OCRM, INC.

Principal Place of Business	Mailing Address
1728 N.E. LAMBRIGHT ST TAMPA, FL 33610	8717 P.O. BOX TAMPA, FL 33674
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3722150 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

MARTINO, THOMAS ESQ
2708 W. KENNEDY BLVD.
TAMPA, FL 33609

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

SIGNATURE X [signature] 08-24-2003
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered agent signature required when reinstating — DATE

[redacted]

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OLAH, CSABA 7910 N. HIGHLAND ST. TAMPA, FL 33604 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] 08-24-2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

O. C. R. M. INC
2003 Patterson St.
Tampa, FL 33610

Telephone (813) 293-3512
Fax (813) 231-5859

Date: Aug 26, 2003

To: Vargas, Zion, & Kahane, P.A.
From: Csaba Olah

Subj: Reply Concerning Fax on Aug 25, 2003

Email: Csabaolah2003@yahoo.com

Comments:

This letter is being sent to indicate that I never received an annual report 2003 and need the fee to be waived. Your assistance would be appreciated.

Thank you,

Mr. Csaba Olah