## 2003 FOR PROFIT CORPORATION

## May 05, 2003 8:00 am & Secretary of State UNIFORM BUSINESS REPORT (UBR) P01000053832 DOCUMENT # 1. Entity Name 05-05-2003 90280 002 \*\*\*150.00 OSKIE DEVELOPMENT ASSOCIATES, INC. Principal Place of Business Mailing Address 52 RICHMOND DR. 52 RICHMOND DR. NEW SMYRNA BEACH FL 32169 NEW SMYRNA BEACH FL 32169 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3723348 Not Applicable Zip Zip Country Country \$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 KOSMAS, JAMES M Street Address (P.O. Box Number is Not Acceptable) 111 LIVE OAK ST. **NEW SMYRNA BEACH FL 32168** City 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 Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Addition NAME CLARK, CARROLL HARVIN NAME STREET ADDRESS STREET ADDRESS 52 RICHMOND DR. CITY-ST-ZIP CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169** ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition

STREET

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12. I hereby certify that the information supplied with this fill indicated on this report or supplemental report is true of the corporation or the receiver or truste changed, or on an attachment with an

to qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information Ses accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

TED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)