

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91785 016 ***150.00

0514606 AV

DOCUMENT # P01000083782

1. Entity Name
OZEN HOLDINGS & DEVELOPMENT COMPANY INC.



Principal Place of Business
1113 SE 30TH ST
CAPE CORAL FL 33904

Mailing Address
1716 SE 44TH ST
CAPE CORAL FL 33904

2. Principal Place of Business

1113 SE 30TH ST
Suite, Apt. #, etc.

3. Mailing Address

1716 SE 44TH ST
Suite, Apt. #, etc.

City & State

CAPE CORAL FL

City & State

CAPE CORAL FL

Zip

33904

Country

USA

Zip

33904

Country

USA

4. FEI Number 41-2034526

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

FLORY, RICHARD J
241 SE 2ND ST
CAPE CORAL FL 33990

7. Name and Address of New Registered Agent

Name: Tuba Hos
Street Address (P.O. Box Number is Not Acceptable): 516 Archer Pkwy W
City: CAPE CORAL FL Zip Code: 33904

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]
Signature, typed or printed name of registered agent and title if applicable.

TUBA HOS

(NOTE: Registered Agent signature required when reinstating)

4/28/03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	OZEN, IBRAHIM	
STREET ADDRESS	1716 SE 44TH ST	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SENER, GONUL	
STREET ADDRESS	1113 SE 30TH ST	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAYRAM, REYHAN	
STREET ADDRESS	1113 SE 30TH ST	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALICIM, SIDIKA	
STREET ADDRESS	1113 SE 30TH ST	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	OZER, SERIFE	
STREET ADDRESS	1716 SE 44TH ST	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALTINAY, HATICE	
STREET ADDRESS	1113 SE 30TH ST	
CITY-ST-ZIP	CAPE CORAL FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TUBA HOS	
STREET ADDRESS	516 ARCHER PKWY. W.	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE		<input 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 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		

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-27-03

Date

239-4641404

Daytime Phone #

CR2E034 (10/02)