

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90483 004 ***150.00

DOCUMENT # P01000086498

1. Entity Name
OFFICE ASSETS, INC.

Principal Place of Business
4304 S. KIRKMAN RD #114
ORLANDO FL 32811

Mailing Address
4304 S. KIRKMAN RD #114
ORLANDO FL 32811

2. Principal Place of Business
60433 Houghton Lane
Suite, Apt. #, etc.

3. Mailing Address
4630 S. Kirkman Rd
Suite, Apt. #, etc.

City & State
Orlando, FL
Zip
32835

City & State
Orlando, FL
Zip
32811

4. FEI Number
59-3746302

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE


6. Name and Address of Current Registered Agent

GUFFEY, DIANE M
4304 S. KIRKMAN RD #114
ORLANDO FL 32811

7. Name and Address of New Registered Agent

Name
Elton R. Guffey
Street Address (P.O. Box Number is Not Acceptable)
60433 Houghton Lane
City
Orlando **FL** **Zip Code**
32835

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  **4/26/02**
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
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
GUFFEY, ELTON R
4304 S. KIRKMAN RD #114
ORLANDO FL 32811 ☒ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DV
GUFFEY, DIANE M
4304 S. KIRKMAN RD #114
ORLANDO FL 32811 ☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ **Delete**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
60433 Houghton Lane
Orlando, FL 32835 ☒ **Change** ☐ **Addition**


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

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

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

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

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:  **DIANE GUFFEY, President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/02 **407-415-3763**
Date Daytime Phone #

CR2E034 (9/01)