

FILED
Jun 16, 2003 8:00 am
Secretary of State

05-05-2003 90806 001 ***317.50

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

55048398

DOCUMENT # P01000086498			
1. Entity Name OFFICE ASSETS, INC.			
Principal Place of Business 6433 HAUGHTON LN ORLANDO, FL 32835		Mailing Address 4630 S. KIRKMAN RD 158 ORLANDO, FL 32811	
2. Principal Place of Business 10039 S. Apollo Bay Way Suite, Apt. #, etc.		3. Mailing Address 10039 S. Apollo Bay Way Suite, Apt. #, etc.	
City & State Highlands Ranch, CO Zip 80130 Country		City & State Highlands Ranch, CO Zip 80130 Country	
4. FEI Number 58-3740302		Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent GUFFEY, ELTON R 6433 HAUGHTON LANE ORLANDO, FL 32835		7. Name and Address of New Registered Agent Name Andrea Kodysz Street Address (P.O. Box Number is Not Acceptable) 7951 Hatteras Rd. City Orlando FL Zip Code 32822	
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: Andrea Kodysz Signature, typewritten correct of registered agent and file if applicable. Andrea Kodysz DATE: 4/29/03 DATE			
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 DP GUFFEY, DIANE M 6433 HAUGHTON LANE ORLANDO, FL 32835 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 10039 S. Apollo Bay Way Highlands Ranch, CO 80130 ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ 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 199.07(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: Diane Guffey SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR		4/29/03 303-241-7336 Date Daytime Phone #	

CRF0034 (10/02)