

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

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90116 029 ***150.00

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1. Entity Name
OA GENERAL SERVICES INC.

Principal Place of Business
**8237 PENNSYLVANIA BLVD
FORT MYERS FL 33912**

Mailing Address
**8237 PENNSYLVANIA BLVD
FORT MYERS FL 33912**



2. Principal Place of Business
1222 SE 47st.

3. Mailing Address
1222 SE 47st.

Suite, Apt. #, etc.
205

Suite, Apt. #, etc.
205

CHECK HERE IF MAKING CHANGES

City & State
Cape Coral, FL

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Cape Coral, FL

4. FEI Number **80-0025556**

Applied For
 Not Applicable

Zip **33904** Country **Lee**

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

6. Name and Address of Current Registered Agent

GERSTEIN, WILLIAM
GERSTEIN & GERSTEIN ATTORNEYS PA
700 SOUTH FEDERAL HWY, STE 200
BOCA RATON FL 33434

7. Name and Address of New Registered Agent

Name **OSCAR ARTURO**

Street Address (P.O. Box Number is Not Acceptable)
1222 SE 47 st., suite #205

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]* **OSCAR ARTURO 04-01-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DPST	ARTURO-ROJAS, OSCAR	8237 PENNSYLVANIA BLVD	FORT MYERS FL 33912	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED Oscar Arturo** **04-01-2003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)