

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

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90524 021 ***150.00

DOCUMENT # **P01000116071**

1. Entity Name
Otter, Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7401 W Ramona St

3. Mailing Address

1406 Sophie Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIRAMAR

City & State

ORLANDO

4. FEI Number

03-0382931

Applied For

Not Applicable

Zip

33023

Country

BROWARD

Zip

32828

Country

ORANGE

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Dolores N. ABERNATHY

Street Address (P.O. Box Number is Not Acceptable)

1406 Sophie Blvd

City

ORLANDO

FL

Zip Code

32828

**DO NOT WRITE
IN THIS SPACE**

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
**SIT
ABERNATHY, Dolores N.
1406 Sophie Blvd
ORLANDO, FL 32828**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
ABERNATHY, JAMIE M
7401 W RAMONA ST
MIRAMAR, FL 33023**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Abenrathy D. ABERNATHY

Date

Daytime Phone #

CR2E034B (12/02)

4/22/04 407-380-3318