
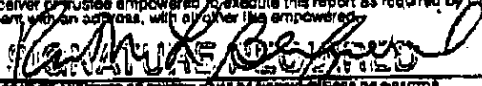


FILED
Mar 07, 2003 8:00 am
Secretary of State

02-04-2003 90070 014 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

2/4/

| | | | |
|---|---------------------------------|--|---|
| DOCUMENT # P02000037420 | |  | |
| 1. Entity Name R. T. OAKES, INC. | | | |
| Principal Place of Business 4000 DISTRIBUTION DRIVE 4531 OAK FAIR BLVD TAMPA FL 33606-5922 33610 | | Mailing Address 4049 DISTRIBUTION DRIVE TAMPA FL 33603-5922 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. Name and Address of Current Registered Agent HARRISON, CHARLES R 1413 TROYLLION AVENUE WINTER PARK FL 32789 | | 5. FEI Number 03 0449578 | |
| 6. Certificate of Status Desired <input type="checkbox"/> | | Applied For Not Applicable | |
| 7. Name and Address of New Registered Agent | | 8. \$8.75 Additional Fee Required | |
| Name | | City | |
| Street Address (P.O. Box Number is Not Acceptable) | | FL Zip Code | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature is required when amending.</small> | | | |
| FILE NOW!!! FEE IS \$160.00 After May 1, 2000 Fee will be \$650.00 Make Check Payable to Florida Department of State | | 9. Election Campaign Financing, Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11: | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| D | | | |
| BENFIELD, RUTH L | | | |
| 25460 HAYMAN ROAD | | | |
| BROOKSVILLE FL 34602 | | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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, trustee, empowered, to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or without the empowered. | | | |
| SIGNATURE:  | | Date: 1-31-03 813 612 9372 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF AGENT APPEAR ON FRONT</small> | | <small>Date</small> | |

CPREDDA (10/02)

CINCINNATI, OH 45999

In reply refer to: 0223404184
Aug. 29, 2002 LTR 385C
03-0449578 000000 00 000
02311

Attachment

58014888
PO2000037420

R T OAKES INC
~~4949 DISTRIBUTION DR.~~ 4531 OAK FAIR BLVD
TAMPA FL ~~33605-5925499~~
33610

~~Taxpayer Identification Number: 03-0449578~~

Dear Taxpayer:

Thank you for your Form 2553, Election by a Small Business Corporation, dated July 11, 2002.

We changed the effective date of your election from Apr. 05, 2002 to Jan. 01, 2003. When an election is made after the 15th day of the third month of the tax year, we consider it as though it was made for the next tax year. For the period from Apr. 05, 2002 to Dec. 31, 2002, you should report regular corporate tax and file Form 1120, U.S. Corporation Income Tax Return, or Form 1120-A, U.S. Corporation Short-Form Income Tax Return. The forms are enclosed for your convenience.

You may qualify for relief for filing your S corporation election untimely, under Revenue Procedure 98-55. If you feel you do qualify under this Revenue Procedure, take necessary steps and refile your Form 2553.

If you have any questions, please call Mr. Ali Imam at 859-669-3432 between the hours of 7:00 a.m. and 2:00 p.m. EDT. ~~If the number is outside your local calling area,~~ there will be a long-distance charge to you.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Keep a copy of this letter for your records.

Telephone Number () _____ Hours _____

Please keep this letter in your permanent records as proof of acceptance as an S corporation.