

FILED
Jul 03, 2003 8:00 am
Secretary of State

05-05-2003 91890 017 ***150.00

5/5/

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

DOCUMENT # P02000080564

1. Entity Name

Ozwood Designs Inc



DO NOT WRITE IN THIS SPACE

55050433

2. Principal Place of Business

6731 Washington PL

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Bradenton

City & State

4. FEI Number

54-2067165

Applied For

Not Applicable

Zip

34207

Country

Manatee

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name DAVID L. SKEEN

Street Address (P.O. Box Number Not Acceptable)
605 N JEFFERSON AVE

City Sarasota

FL

Zip Code 34237

**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]

(NOTE: Registered Agent signature required when renewing)

DATE

June 1 2003

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-STATE-ZIP

DAVID L. SKEEN
605 N JEFFERSON AVE
SARASOTA FL 34237

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 employees.

SIGNATURE:

[Signature]

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25, 2003

Date

Daytime Phone #

CR2034B (12/02)