

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

0627285 AT

DOCUMENT # P15890

1. Entity Name
THE OGBURN COMPANY, INCORPORATED

01-30-2002 90137 039 ***150.00

Principal Place of Business
305 N BOUNDARY
DELAND FL 32720
US

Mailing Address
6100 BUFFALO GRASS COURT NORTH EAST
ALBUQUERQUE NM 87111



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
135 White Columns Dr
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ALPHARETTA, GA

4. FEI Number
75-0964987

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

6. Name and Address of Current Registered Agent
BELLOCCHIO, KIMBERLY A
701 DANSY AVE
WINTER PARK FL 32789

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **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:

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE
P
NAME
OGBURN, FJ
STREET ADDRESS
6100 BUFFALO GRASS COURT NORTHEAST
CITY-ST-ZIP
ALBUQUERQUE NM 87111

TITLE
V
NAME
OGBURN, JUDITH E
STREET ADDRESS
6100 BUFFALO GRASS COURT NORTHEAST
CITY-ST-ZIP
ALBUQUERQUE NM 87111

TITLE
T
NAME
BELLOCCHIO, KIM
STREET ADDRESS
305 N BOUNDARY
CITY-ST-ZIP
DELAND FL 32720

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-10-02 678-366-0434

Date

Daytime Phone #

CR2E034 (9/01)