2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P16841 1. Entity Name OKLAHOMA INSTALLATION COMPANY					Feb 08, 2000 8:00 am Secretary of State 02-08-2000 90148 034 ***150.00				
Principal Place	e of Business	Mailing Address							
-	TT RD SUITE G	ITE G		DO NOT WRITE IN THIS SPACE					
2. Principal Pl 2960 Suite, Apt.	E Apache St	3. Mailing Address PO BOX 740 Suite, Apt. #, etc.							
City & State	OK	City & State	OK-	4 . F	El Number	73-1301981			plied For
Zip 7411	Country USA	74035	Country USA			f Status Desired	Fee	75 Addi Required	
	6. Name and Address of Current Re	gistered Agent	Name	7. N	ame and A	ddress of New Re	egistered Agen	t	
1200	ORPORATION SYSTEM S. PINE ISLAND ROAD ITATION FL 33324		· · · · · · · ·	Idress (P.O. Bo	x Number	is Not Acceptable)	•	-	
			City				FL	Zip Code	
8. The above	named entity submits this statement for th	ne purpose of changing its	registered office or	registered age	ent, or both,	in the State of Flor	ida.		
SIGNATURE _	Signature, typad or printed name of registered agent and	title if applicable (NOT	E: Registered Agent signatur	re required when rei	nstatino)	•	DATE		<u></u> _
	-				, , , , , , , , , , , , , , , , , , ,	-			
 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, 2000 Fee will be \$550.00 Make Check Payable to Department of St		50.00		tion Campaign Fina t Fund Contribution	· ~		O May Be to Fees
11.	OFFICERS AND DI		12.	AD	DITIONS/C	HANGES TO OFFI			IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BIGELOW, JAMES D 8622 S 78TH E. AVE TULSA OK	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2900 . Tulsa	E AF	ache St 74110	-	Change	L
TITLE	T CELEBO BULL	☐ Delete	TITLE				⊡ Z	Change	<u> </u>
NAME STREET ADDRESS CITY-ST-ZIP	SELLERS, BILL J 14820 E 52ND ST N OWASSO OK 74055		NAME Street address City-St-Zip	2900 E Tulsa	Apa	rche St 74110			
TITLE	S	☐ Delete	TITLE	· new.	, 0/-	17.7.02	(I)	Change	
NAME STREET ADDRESS CITY-ST-ZIP	PO BOX 740		NAME -street address- city-st-zip	2900 1	= Ap	nche St 74110 ache St 74110	- -		
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name Street address			name Street address						
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STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
indicated of the con	certify that the information supplied with the on this report or supplemental report is true poration or the receive or trustee empower or on an attachment with an address, with	de and accurate and that is ered to execute this report in all other like empowered	my signature shall ha : as required by Char	ave the same l	egal effect i	as if made under o and that my name	atn: that I am ar	n oπicer i ck 11 or	or arrector