

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90952 049 \*\*\*150.00

**DOCUMENT # P93000003723**

1. Entity Name  
**OCTAVO DESIGN & PRODUCTION, INC.**



Principal Place of Business  
**1052 WEST SR 436  
STE 2072  
ALTAMONTE SPRINGS FL 32714  
US**

Mailing Address  
**1052 WEST SR 436  
STE 2072  
ALTAMONTE SPRINGS FL 32714  
US**



2. Principal Place of Business

**791 Piedmont-Wekiwa Rd**

3. Mailing Address

Suite, Apt. #, etc. **(Same)**

Suite, Apt. #, etc.

City & State  
**Apopka FL**

Suite, Apt. #, etc.

City & State

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3165398**

Applied For  
Not Applicable

Zip  
**32703**

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**SOLEY, FRANK M  
319 NEEDLES TRAIL  
LONGWOOD FL 32779**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Frank M Soley**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**01/15/03**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PT  
SOLEY, FRANK M  
319 NEEDLES TRAIL  
LONGWOOD FL 32779** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VS  
VELASQUEZ, ROBERT  
638 SWEETWATER COVE BLVD S  
LONGWOOD FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 Block 11 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

**03/31/03**

Date

**407-598-1050**

Daytime Phone #

CR2E034 (10/02)