20th Uniform Business Report (UBR) FILED Apr 25, 2000 8:00 am Secretary of State DOCUMENT # P93000056570 1. Entity Name OAKVEST II, INC. 04-25-2000 90020 040 ***150.00 Mailing Address Principal Place of Business 5100 87TH STREET EAST 5100 87TH STREET EAST **BRADENTON FL 34202 BRADENTON FL 34202-3706** US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0483415 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name <u>Hogan, Patrick M</u> HOGAN, PATRICK M Street Address (P.O. Box Number is Not Acceptable) 5100 87th Street East 5100 87TH STREET EAST **BRADENTON FL 34233** Bradenton, Fl. 34202 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition TITLE Change ☐ Delete TITLE LOTMORE, ROBERT NAME NAME STREET ADDRESS IDB HOUSE, EAST BAY STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NASSAU BA Change ☐ Addition ☐ Defete TIT! F HULLARD, JOHN NAME STREET ADDRESS IDB HOUSE/EAST BAY STREET STREET ADDRESS CITY-ST-ZIP NASSAU BA CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition HOGAN, PATRICK NAME NAME 5100 87TH STREET EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34202** CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

☐ Delete

☐ Delete

4-18-00

(941) 758-2424

☐ Change

☐ Change

☐ Addition

☐ Addition

Daytime Phone