

**2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P94000049132**

1. Entity Name  
**OZAK CORPORATION**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 AUG 29 AM 9:19

Principal Place of Business      Mailing Address  
**342 COREY AVE                      342 COREY AVE**  
**ST PETERSBURG BEACH FL 33708      ST PETERSBURG BEACH FL 33708**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suits, Apt. #, etc.		Suits, Apt. #, etc.		<b>50-0254146</b>		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>OSTERMEIER, JOHN</b> <b>8801 LELAND ST S</b> <b>ST PETERSBURG FL 33716</b>			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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

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

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>OSTERMEIER, JOHN</b> <b>8801 LELAND ST S</b> <b>ST PETERSBURG FL 33716</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>OSTERMEIER, CARLA L</b> <b>8801 LELAND ST S</b> <b>ST PETERSBURG FL 33716</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Changed <b>200004565</b> <b>-08/31/01--01025--003</b> <b>****150.00 ****150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: \_\_\_\_\_ Date: **3/1/01** 727-367-7409  
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2004 (5/01)

08/27/01

to: Sean Toner  
Senior Section Administrator      Letter Number 101A00047620

From: Ozak Corporation  
342 Corey Avenue, St.Pete Beach, FL.33706  
Ref number: P94000049132

Enclosed herewith is a copy of the original form send to you March 1st  
2001 and a copy of check # 1572 dated the same day. This check  
has never cleared our bank.

Also enclosed is Check # 2188 dated 8/27/2001 to replace check #1572.

If you need any further information our phone # and Fax # are listed below

Phone 727=367=7409

Fax 727-360-4132

Ozak Corporation  
d/b/as Slimers Value Center

V.F.Grill,Manager

*V.F. Grill -*