2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 05, 2002 8:00 am Secretary of State P94000049132 DOCUMENT # 1. Entity Name **OZAK CORPORATION** 03-05-2002 90134 007 ***150.00 Principal Place of Business Mailing Address 342 COREY AVE 342 COREY AVE ST-PETERSBURG BEACH FL-33706 -ST-PETERSBURG-BEACH FL-33706 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FE! Number 59-3254146 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name OSTERMEIER, JOHN Street Address (P.O. Box Number is Not Acceptable) 5901 LELAND ST S ST PETERSBURG FL 33715 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 CR2E034 (9/01) TITI F ☐ Delete TITLE Change ☐ Addition NAME OSTERMEIER, JOHN NAME STREET ADDRESS STREET ADDRESS 5901 LELAND ST S CITY-ST-ZIP ST PETERSBURG FL 33715 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE OSTERMEIER, CARLA L NAME NAME STREET ADDRESS STREET ADDRESS 5901 LELAND ST S ST PETERSBURG FL 33715 CITY+ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change TITLE ~ Delete TITLE_ ☐ Addition NAME 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.

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED