

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000075689

1. Entity Name

TOZZER, OAKVIK & ASSOCIATES, INCORPORATED

Principal Place of Business

2455 E. SUNRISE BLVD
SUITE 205
FT LAUDERDALE FL 33304
US

Mailing Address

2455 E. SUNRISE BLVD.
SUITE 205
FT. LAUDERDALE FL 33304
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OAKVIK, JOHN
% TOZZER OAKVIK & ASSOCIATES INCORPORATED
2455 E SUNRISE BLVD SUITE 205
FT LAUDERDALE FL 33304

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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
P
TOZZER, BRENT
630 SW 6 AVE
FT. LAUDERDALE FL 33315

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
OAKVIK, JOHN
1849 NE 26 AVE
FT. LAUDERDALE FL 33305

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
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Change Addition

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STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90194 021 ***150.00

952780



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0526931

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

CR2E034 (10/00)