

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000088141

1. Entity Name
O.C.I., INC.

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90082 032 ***158.75

Principal Place of Business
14013 LAKE MAGDALENE BLVD.
TAMPA FL 33618

Mailing Address
14013 LAKE MAGDALENE BLVD.
TAMPA FL 33618

9 0 0 0 0 0 0



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1514 1/2 8TH. AVE

3. Mailing Address
1514 1/2 8TH. AVE

Suite, Apt. #, etc.
SUITE #2

Suite, Apt. #, etc.
SUITE #2

City & State
TAMPA FLORIDA

City & State
TAMPA FLORIDA

4. FEI Number 59-3277243

Applied For
Not Applicable

Zip
33605

Country
USA

Zip
33605

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ECKLEY, LAWRENCE
14013 LAKE MAGDALENE BLVD.
TAMPA FL 33618

Name
Street Address (P.O. Box Number is Not Acceptable)
1514 1/2 8TH. AVE
TAMPA, FLORIDA
City 33605 - TAMPA FLORIDA 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 P
NAME ECKLEY, LAWRENCE
STREET ADDRESS 14013 LAKE MAGDALENE BLVD.
CITY-ST-ZIP TAMPA FL 33618 ☐ Delete

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

TITLE VP
NAME ECKLEY, MITCHELL E
STREET ADDRESS 14013 LAKE MAGDALENE BLVD.
CITY-ST-ZIP TAMPA FL 33618 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
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:

Lawrence E Eckley 4-2-2001 (813) 248-4333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)