

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90175 046 \*\*\*150.00

DOCUMENT # 95000027696

1. Entity Name  
OKY CORP OF THE SOUTH EAST



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1193 Autumn Breeze Cir  
Suite, Apt. #, etc.

3. Mailing Address  
1193 Autumn Breeze Cir  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Gulf Breeze FLA.

City & State  
Gulf Breeze FLA

Zip  
32563

Country  
USA

Zip  
32563

Country  
USA

4. FEI Number  
59-3325812

Applied For  
 Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
George D. Thuesen

Street Address (P.O. Box Number is Not Acceptable)  
1193 Autumn Breeze Cir

City  
Gulf Breeze FLA FL

Zip Code  
32563

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature] (George D Thuesen)  
PRESIDENT

DATE 4/15/03

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>PRESIDENT</u> <u>GEORGE D. THUSEN</u> <u>1193 Autumn Breeze Cir</u> <u>Gulf Breeze FLA 32563</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE George D. Thuesen (George D. Thuesen) PRESIDENT 4/15/03 (850) 934-7475

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)