

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90116 024 ***150.00

DOCUMENT # P95000084386

1. Entity Name
OPAE, INC.

Principal Place of Business
2121 NW 15TH ST
CRYSTAL RIVER FL 34428
US
Mailing Address
2121 NW 15TH ST
CRYSTAL RIVER FL 34428
US

2. Principal Place of Business
3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number 59-3342371
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TOWNSEND, GAILA K
2121 NW 15TH ST
CRYSTAL RIVER FL 34428

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City 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

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes entries for Gaila K. Townsend and Benny C. Townsend.

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Includes checkboxes for Change and 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: Gaila K. Townsend Gaila Townsend

Date: 22 Apr 2001 564-0096
Daytime Phone #

CR2E034 (10/00)