

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000025835

1. Entity Name

OEB, INC.

**FILED**  
**Feb 10, 2000 8:00 am**  
**Secretary of State**

02-10-2000 90041 015 \*\*\*150.00

Principal Place of Business

260 LAKEVIEW AVENUE  
UMATILLA FL 32784

Mailing Address

260 LAKEVIEW AVENUE  
UMATILLA FL 32784

2. Principal Place of Business

37731 State Rd 19

Suite, Apt. #, etc.

Suite 1  
Umatilla, FL

Zip

32784

Country

Umatilla

3. Mailing Address

37731 State Rd 19

Suite, Apt. #, etc.

Suite 1  
Umatilla, FL

Zip

32784

Country

Umatilla



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3382485

Applied For

Not Applicable

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

BEYER, RUTH  
260 LAKEVIEW AVENUE  
UMATILLA FL 32784

Name

Otto E. Beyer

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

1606 S. Center St

City

Eustis

FL

Zip Code

32706

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

Otto E. Beyer President

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, 2000 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BEYER, OTTO	
STREET ADDRESS	260 LAKEVIEW AVENUE	
CITY-ST-ZIP	UMATILLA FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BEYER, RUTH	
STREET ADDRESS	260 LAKEVIEW AVENUE	
CITY-ST-ZIP	UMATILLA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEYER, OTTO	
STREET ADDRESS	1606 S. Center St	
CITY-ST-ZIP	Eustis, FL 32706	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)