## 2003 FOR PROFIT CORPORATION

## Mar 31, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR) Secretary of State** DOCUMENT # P96000056042 03-31-2003 90303 021 \*\*\*150.00 1. Entity Name ONEIDA PROPERTIES, INC. Principal Place of Business Mailing Address 10052079 813 EXMOOR STREET -813 EXMOOR STREET SARASOTA FL 34243 SARASOTA FL 04249 3. Mailing Address 2. Principal Place of Business 7605 CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0723754 Not Applicable Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7: Name and Address of New Registered Agent --Name SHARON, DOUGLAS J Street Address (P.O. Box Number is Not Acceptable) 4403 7TH ST E #3 **ELLENTON FL 34222** 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITLE TITLE Change ☐ Delete NAME NAME SHARON, DOUGLAS J STREET ADDRESS STREET ADDRESS 813 EXMOOR STREET CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34243 Addition Change TITLE ☐ Delete TITLE D NAME NAME RISSLER, JUDITH S STREET ADDRESS STREET ADDRESS 7605 17TH AVE NW CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL 34209 TITLE ☐ Addition Delete NAME NAME PRICE, JENNIFER 1115 Montezuma STREET ADDRESS STREET ADDRESS <del>7720-4TH AVE W</del> CITY-ST-ZIP CITY-ST-ZIP BRADENTON-FL ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP L. Cong. TITLE Change ☐ Addition TITLE Defete NAME NAME STREET ADDRESS STREET ADDRESS

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

□ Delete

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

3 28.03

941.192.6941

☐ Change

☐ Addition

**FILED**