

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

**FILED**  
**Jan 26, 2004 8:00 am**  
**Secretary of State**

01-26-2004 90003 026 \*\*\*150.00

<b>DOCUMENT #</b> 1. Entity Name	
OAK TREE INDUSTRIES, INC.	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 230 Business Park Way Suite, Apt. #, etc.		3. Mailing Address 230 Business Park Way Suite, Apt. #, etc.	
City & State Royal Palm Beach, FL		City & State Roya Palm Beach, FL	
Zip 33411	Country	Zip 33411	Country

4. FEI Number 65-0685869	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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**54000475**

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IN THIS SPACE**

<b>7. Name and Address of Current Registered Agent</b>	
Name Ellis Robins	
Street Address (P.O. Box Number is Not Acceptable) 230 Business Pak Way	
City Royal Palm Beach	Zip Code 33411

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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 ☐ \$5.00 May Be Added to Fees  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T/D George M Haworth 84 Peninsula Dr Hilton Head Island, SC 29926
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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 M Haworth

President

(843) 837-6983

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #