FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

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

(843) 837-6983 Daytime Phone #

President Date

UNIFORM BUSINESS REPORT (UBR)						Secretary of State			
DOCUMENT#						01-26-2004 90003 026 ***150.00			
1. Entity Name									
OAK TREE INDUSTRI	IES, INC.				1	4			
<u>.</u>					£				
DO NOT WRITE IN THIS SPACE						54000475			
							(A3600314)		
2. Principal Place of	3. Mailing Address				1	•			
230 Business Park Way		230 Business Park Way				_			
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State		City 9 State				A EEI Number			
City & State Royal Palm Beach, FL		City & State Roya Palm Beach, FL				4. FEI Number Applied For 65-0685869 Not Applied by			
Zip	Country	Zip		Country		00-00	180809	Not Applicable	
33411	Country	33411		Ů,	Dunay	5.0	Certificate of Status Desired	\$8.75 Additional	
33411	1	[33411		-	7 Non		d Address of Current Pegin	Fee Required	
					7. Name and Address of Current Registered Agent Name				
F	YA NAT W				Ellis Robins				
DO NOT WRITE					dress (P.O. Box Number is Not Acceptable)				
1	N THIS SI				230 Business Pak Way				
.	M ILIO OL	MUE				R	•		
								1	
	:				City Royal Palm Be	laaah	FL	Zip Code	
8. The above named	entity submits this:	statement for the	nurnose	of c	hanning its regi	istorec	office or registered agent, or	33411	
State of Florida.	am familiar with, and	d accept the oblig	ations o	freg	istered agent.	1310100	A Way	Dom, in the	
4	am familiar with, and	Park Comment	****	5	.0.0.00 =3 =		<u>्या (प्रात्ती सम्बद्धः</u>	The second second	
SIGNATURE					1			a data on 5 Salaran array or an	
January 1	Fe, typed or printed name - May 1 Fee is \$150	of registered agent an	d title ir api	plicabi	e. □; (NO i E: Regisi	stered A	gent signature required when reinstating	g) DATE	
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00						9.6	lection Campaign Financing	\$5.00 May Be	
Amended UBR is \$61.25							rust Fund Contribution.	Added to Fees	
Make Check Payable	<u>e to Florida Departi</u>	ment of State							
10	OFFICERS A	AND DIRECTOR	S	11.					
TITLE NAME	P/S/T/D	-	ľ		TLE		•		
	George M Haworth 84 Peninsula Dr				AME FREET ADDRESS	.			
CITY-ST-ZIP	Hilton Head Island, SC 29926				STREET ADDRESS CITY-ST-ZIP				
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CITY-ST-ZIP	1	::	-	~ CI	TY-ST-ZIP	- 1	er entre de materiale des la militar de la m	medical desired anything appropriate the property of the contract of the contr	
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 or an attachment with an address, with all other like empowered.									
Onapier 007, Florida	Statutes, and that my	name appears in E	MOCK TU_O		an attachment wit	th an a	idress, with all other like empowe	red.	

SIGNATURE: George M Haworth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR