

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P960000099007

1. Entity Name

Object Associates, Inc. *CA*

**FILED**  
**Sep 21, 2001 8:00 am**  
**Secretary of State**

09-06-2001 90269 013 \*\*\*150.00

Principal Place of Business  
1421 Columbia Ave.  
Palm Harbor, FL 34683

Mailing Address  
Po Box 1085  
Palm Harbor, FL 34682

2. Principal Place of Business  
1421 Columbia Ave.  
 Suite, Apt. #, etc.

3. Mailing Address  
Po Box 1085  
 Suite, Apt. #, etc.

City & State  
Palm Harbor FL  
 Zip 34683 Country USA

City & State  
Palm Harbor FL  
 Zip 34683 Country USA

FEI Number  
59-3443495

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

## 6. Name and Address of Current Registered Agent

Jim Clark  
1952 SouthmacDill Ave.  
Tampa, FL 33629

*this was incorrect*

## 7. Name and Address of New Registered Agent

Name Elizabeth A. Hartney  
 Street Address (P.O. Box Number is Not Acceptable)  
1421 Columbia Ave.  
 City Palm Harbor FL Zip Code 34683

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 Elizabeth A. Hartney Elizabeth A. Hartney

Signature, typed or printed name of registered agent (required when resigning)

(NOTE: Registered Agent signature required when resigning)

9-15-01

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

|  |   |                                 |
|--|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <u>President</u><br><u>Dick Van Doren</u><br><u>42 Lakeridge Dr.</u><br><u>Greensburg, PA 15601</u> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |  |   |
|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

CR2E034 (11/00)

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: N. Richard Van Doren N. Richard Van Doren

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-29-01

DATE

727-787-5911

DAYTIME PHONE #