

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000102617

1. Entity Name

OAKLEY & ASSOCIATES CORP.

FILED

Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90086 018 ***150.00

Principal Place of Business

Mailing Address

1 URBAN CENTRE SUITE 550
4830 WEST KENNEDY BOULEVARD
TAMPA FL 33609

1 URBAN CENTRE SUITE 550
4830 WEST KENNEDY BOULEVARD
TAMPA FL 33609-2564

810832



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

302 KNIGHTS RUN NW

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3416204

Applied For

Not Applicable

Zip 33602

Country USA

Zip

Country

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

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

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

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 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 NAME STREET ADDRESS CITY- ST- ZIP
PTD OAKLEY, JOHN W III 1 URBAN CENTRE, SUITE 550 TAMPA FL 33609 ☐ Delete

TITLE NAME STREET ADDRESS CITY- ST- ZIP
V OAKLEY, SUZANNE R 1 URBAN CENTRE, SUITE 550 TAMPA FL 33609 ☐ Delete

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐

TITLE NAME STREET ADDRESS CITY- ST- ZIP ☐ Change ☐

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 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 #

1/12/00 (813) 286-3850