## FILED Sep 05, 2001 8:00 am Secretary of State **2001 UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # P96000104078 OAKBROOK BUILDING AND DESIGN, INC. 09-05-2001 90004 030 \*\*\*550.00 Principal Place of Business Mailing Address 7227 CLINT MOORE ROAD 7227 CLINT MOORE ROAD **BOCA RATON FL 33496 BOCA RATON FL 33496** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0733035 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent = REITSMA, RONALD A Street Address (P.O. Box Number is Not Acceptable) 7227 CLINT MOORE ROAD **BOCA RATON FL 33496** City 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 app (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE □ Delete TITLE 5/01) ☐ Change ☐ Addition ANSEL, JEROME V NAME 7227 CLINT MOORE ROAD STREET ADDRESS E034 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME REITSMA, RONALD A NAME STREET ADDRESS 7227 CLINT MOORE ROAD STREET ADDRESS CITY-ST-7IP **BOCA RATON FL** CITY-ST-ZIP TITLE . Delete TITLE. z - - - - Change - - - - Addition -NAME ABRAMS, LAWRENCE NAME STREET ADDRESS 7227-CEINE MOORE RD STREET ADDRESS CITY-ST-ZIP BOCA RATON Ft. 33496 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the indicated on this report or supplemental report is true and accurate and that my store the corporation or the receiver or trustee empowered to execute this report is changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADO

☐ Change

119.07(3)(i), Florida Statutes. I further certify that the information legal effect as if made under oath; that I am an officer or director ida Statutes; and that my name appears in Block 11 or Block 12 if

Addition

TITLE

NAME

STREET ADDRESS

**SIGNATURE:** 

CITY-ST-7IP