

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000012098

1. Entity Name

OAK TREE CONTRACTING INCORPORATED

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90125 022 \*\*\*150.00

Principal Place of Business

4514 GARRISON ROAD  
PANAMA CITY FL 32404

Mailing Address

4514 GARRISON ROAD  
PANAMA CITY FL 32404-9225

2. Principal Place of Business

1315 E. 14th Street

3. Mailing Address

1315 E. 14th Street

Suite, Apt. #, etc.

Suite A

Suite, Apt. #, etc.

Suite A

City & State

Lynn Haven, FL

City & State

Lynn Haven, FL

Zip

Country

32444

U.S.A.

Zip

Country

32444

USA

4. FEI Number

59-3421382

Applied For

Not Applicable

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

HATHAWAY, EDWIN  
4514 GARRISON ROAD  
PANAMA CITY FL 32404

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HATHAWAY, EDWIN 4514 GARRISON ROAD PANAMA CITY FL 32404	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HATHAWAY, SANDY 4514 GARRISON ROAD PANAMA CITY FL 32404	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Edwin Hathaway*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/00  
Date

850 271-8919  
Daytime Phone #

CR2E034 (9/99)