2002 Uniform Business Report (UBR)

Mar 13, 2002 8:00 am DOCUMENT # P97000018089 **Secretary of State** 1. Entity Name 03-13-2002 90147 047 ***150.00 ROBERT E. OADE, P.A. Principal Place of Business Mailing Address 9665 SOUTHERN BELLE DRIVE 9665 SOUTHERN BELLE DRIVE **BROOKSVILLE FL 34613** BROOKSVILLE FL 34613 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3431761 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name OADE, ROBERT E Street Address (P.O. Box Number is Not Acceptable) 9665 SOUTHERN BELLE DRIVE **BROOKSVILLE FL 34613** Zip Code City 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ۲٦. OFFICERS AND DIRECTORS 12. (9/01)TITLE ☐ Change Addition □ Delete TITLE NAME OADE, MAEDELLA NAME CR2E034 STREET ADDRESS STREET ADDRESS 9665 SOUTHERN BELLE DRIVE CITY-ST-ZIP CITY-ST-ZIP **BROOKSVILLE FL 34613** ■ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Detete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Detete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLÉ ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED

Maedella Penny Oade 2-28-02 352-597-1301