

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90957 046 ***150.00

DOCUMENT # P97000022673

1. Entity Name
OVEA, INC.



Principal Place of Business
**7949 MEADOW RUSH LOOP
SARASOTA FL 34238**

Mailing Address
**7949 MEADOW RUSH LOOP
SARASOTA FL 34238**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0736910**

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

**KRIENGKRAIPETCH, ORASA
4374 MEADOWLAND CIRCLE
SARASOTA FL 34233**

Name
KRIENGKRAIPETCH, ORASA

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

7949 MEADOW RUSH LOOP

City **SARASOTA**

FL

Zip Code
34238

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Orasa Kriengkraipetch

4-3-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

**Ch#2150
4-4-03**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
KRIENGKRAIPETCH, ORASA
4374 MEADOWLAND CIRCLE
SARASOTA FL 34233** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
KRIENGKRAIPETCH, ORASA
7949 MEADOW RUSH LOOP
SARASOTA FL 34238** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
KRIENGKRAIPETCH, VUTHICHA
4374 MEADOWLAND CIRCLE
SARASOTA FL 34233** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD/C
KRIENGKRAIPETCH, VUTHICHA
7949 MEADOW RUSH LOOP
SARASOTA FL 34238** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
_____ ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**M
KRIENGKRAIPETCH, EKAWEE
7949 MEADOW RUSH LOOP
SARASOTA FL 34238** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
_____ ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
_____ ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
_____ ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Orasa Kriengkraipetch

4-4-03

(941)316-1125

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR02E034 (10/02)