

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000052006

1. Entity Name  
OTE, INC.

**FILED**  
**Feb 22, 2000 8:00 am**  
**Secretary of State**  
02-22-2000 90044 035 \*\*\*150.00

Principal Place of Business 2311 SUNNYSIDE PLACE SARASOTA FL 34239	Mailing Address PO BOX 5159 SARASOTA FL 34277-5159
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0765908		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SIMON, DAVID S ESQ 523 SOUTH WASHINGTON BLVD SARASOTA FL 34236	7. Name and Address of New Registered Agent Name ANN MULLER Street Address (P.O. Box Number is Not Acceptable) 2311 SUNNYSIDE PLACE City SARASOTA FL Zip Code 34239
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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 ANN MULLER, DIRECTOR *Ann Muller*  
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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP D MULLER, ANN 7529 PRESERVES CT SARASOTA FL 34243 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP D POST, LINDA L 7529 PRESERVES CT SARASOTA FL 34243 <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 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Delete	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	TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: ANN MULLER, DIRECTOR *Ann Muller* 2/16/00 941-366-3827  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)