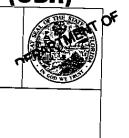
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #** P97000058472



## **FILED** Feb 20, 2003 8:00 am Secretary of State

1. Entity N	Name O AND ASSOCIATES, INC.				02-20-2003 9	0123 046 ***1	50.00	
Principal Place of Business 11542 NW 69 TERRACE TURKEY CREEK FL 32615		Mailing Address 200 TURKEY CREEK ALACHUA FL 32615 US						
2. Principa	al Place of Business	3. Mailing Address						
Suite, A	pt. #, etc.	Suite, Apt. #, etc.  City & State			☐ CHECK HERE IF MAKING CHANGES			
City & S	itate			4.	4. FEI Number 50-3456824 Applied For			
Zip	Country	Zip	Country	5.11	Certificate of Status Desired		Not Applicable Additional	
	6. Name and Address of Curre	ent Registered Agent	<del>_</del>			Fee Rec	quired	
			Name		lame and Address of New Re	egistered Agent		
	FRADD, JOHN 11542 NW 69 TERRACE			Street Address (P.O. Box Number is Not Acceptable)				
ALACHU	JA FL 33615					<del></del>		
			City					
8. The above	ve named entity submits this statemen	t for the ourness of about	1 1			FL Zip (	Code	
the obliga	ve named entity submits this statemen ations of registered agent.	tion the purpose of changing its	s registered office or	registered age	ent, or both, in the State of Flori	da. I am familiar w	ith, and accept	
SIGNATURE	Signature, typed or printed name of registered age	Pot coal Mile if						
<u> </u>	<del></del>	ent and title if applicable. (NOT	E: Registered Agent signatur	e required when rei	nstating)	DATE		
A 44	FILE NOW!!! FEE IS \$150.00							
Make Chec	er May 1, 2003 Fee will be \$550.0 ck Payable to Florida Department	of State		,	<ol><li>Election Campaign Fina Trust Fund Contribution.</li></ol>	~	5.00 May Be ded to Fees	
10.		ID DIRECTORS	11.	ADI	DITIONS/CHANGES TO OFFIC	ERS AND DIRECT	DOC IN 44	
TITLE NAME	D CANDDA DD	☐ Delete	TITLE			Chang		
STREET ADDRESS	FRADD, SANDRA DR 11542 NW 69 TERRACE		NAME			L, Onling	Addition	
CITY-ST-ZIP	ALACHUA FL 32615		STREET ADDRESS					
TITLE	D		CITY-ST-ZIP					
NAME	FRADD, JOHN	☐ Delete	TITLE			☐ Chang	e Addition	
STREET ADDRESS	11542 NW 69 TERRACE		NAME Street Address					
CITY-ST-ZIP	ALACHUA FL 32615		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE	ला निवाद स्था≖	<del></del>			
NAME		□ Dolete	NAME			☐ Change	Addition	
STREET ADDRESS	·		STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE					
NAME STREET ADDRESS			NAME			☐ Change	Addition	
CITY-ST-ZIP			STREET ADDRESS					
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TITLE NAME		☐ Delete	TITLE			Change	Addition	
STREET ADDRESS			NAME			∟, change	☐ Addition	
CITY-ST-ZIP			STREET ADDRESS				1	
		· · · · · · · · · · · · · · · · · · ·	CITY-ST-ZIP					
TITLE NAME		☐ Delete	TITLE			☐ Change	Addition	
STREET ADDRESS			NAME			change	☐ Addition	
CITY-ST-ZIP			STREET ADDRESS					
	ertify that the information supplied with		CITY-ST-ZIP					
<ul> <li>Inereby ce</li> </ul>	eruly that the information supplied with	thin filing dose and surely dose					- 1	

Thereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other line of powered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

386 462 2203