

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 28, 2001 08:00 AM**
Secretary of State**DOCUMENT # P97000063394**1. Entity Name
OHM REALTY, INC.**Principal Place of Business**

435 GUS HIPP BLVD

ROCKLEDGE

32955

FL

US

Mailing Address

300 ARTEMIS BLVD

MERRITT ISLAND

32953

US

FL

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

1720 SANDPIPER ST

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

MERRITT ISLAND

FL

Zip

32952

Country

US

4. FEI Number**59-3472812****Applied For**☐ Not Applicable**5. Certificate of Status Desired**☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**HUBER ROBERT A**
300 ARTEMIS BLVD**MERRITT ISLAND**
32953

FL

7. Name and Address of New Registered Agent**Name****HUBER ROBERT A****Street Address (P.O. Box Number is Not Acceptable)**
1720 SANDPIPER ST**City****MERRITT ISLAND****FL****Zip Code**
32952

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)

02/28/2001

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, 2001 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**

TITLE	D	<input type="checkbox"/> Delete
NAME	O JAMES P	
STREET ADDRESS	300 ARTEMIS BLVD	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	D	<input type="checkbox"/> Delete
NAME	MANNING GEORGE	
STREET ADDRESS	300 ARTEMIS BLVD	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUBER KARL M	
STREET ADDRESS	300 ARTEMIS BLVD	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	D	<input type="checkbox"/> Delete
NAME	VELLUTO JANE E	
STREET ADDRESS	300 ARTEMIS BLVD	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUBER ROBERT A	
STREET ADDRESS	300 ARTEMIS BLVD	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'HALLORAN JAMES P	
STREET ADDRESS	105 SPRING ST	
CITY-ST-ZIP	ARLINGTON MA 02174	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANNING GEORGE	
STREET ADDRESS	148 WIANNO AVE	
CITY-ST-ZIP	OSTERVILLE MA 02655	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUBER KARL M	
STREET ADDRESS	641 SPRING LAKE DR	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VELLUTO JANE E	
STREET ADDRESS	1720 SANDPIPER ST	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUBER ROBERT A	
STREET ADDRESS	1720 SANDPIPER ST	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: JANE E VELLUTO

D

02/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)