

FILED
Jun 18, 2002 8:00 am
Secretary of State

05-08-2002 90092 014 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # D98 000 000 442

1. Entity Name

Opele Corporation**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

8535 Hunter's Key Circle
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Tampa, Florida

City & State

Zip

33647

Country

USA

Zip

Country

4. FEI Number

59-3486605

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name Corporation ~~Owner~~ Company Agents
Street Address (P.O. Box Number is Not Acceptable)1201 Hays StreetCity Tallahassee

FL

Zip Code 32301

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)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Leven 'Chuck' Wilson</u> <u>8535 Hunter's Key Circle</u> <u>Tampa, Florida 33647</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice President</u> <u>Shonda T. Wilson</u> <u>8535 Hunter's Key Circle</u> <u>Tampa, Florida 33647</u>
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CITY-ST-ZIP**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Shonda T. Wilson SHONDA T. WILSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR4-30-2002
Date813 294-3707
Daytime Phone #

CR2ED34B (12/01)