

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90015 008 ***150.00

DOCUMENT # **P98000032712** ✓

1. Entity Name

OPUNTIA MANAGEMENT GROUP, INC

DO NOT WRITE IN THIS SPACE

B0093693

2. Principal Place of Business
15981 NELSONS COURT

3. Mailing Address
15981 NELSONS COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
FORT MYERS

City & State
FORT MYERS

4. FEI Number
65-0841406

Applied For
Not Applicable

Zip
FL

Country
33908

Zip
FL

Country
33908

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

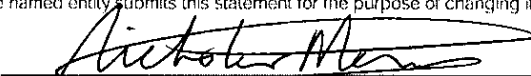
Name
NICHOLAS MURRY

Street Address (P.O. Box Number is Not Acceptable)
15981 NELSONS COURT

City **FORT MYERS** **FL** Zip Code **33908**

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



NICHOLAS MURRY

4-29-02

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

(NOTE: Registered Agent signature required when resigning)

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 **DP**
NAME **NICHOLAS MURRY**
STREET ADDRESS **15981 NELSONS COURT**
CITY-ST-ZIP **FORT MYERS 33908**

TITLE
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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:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02

Date

941-707-2243

Daytime Phone #

CR2E034B (12/01)