

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90081 016 ***150.00

0415746 AV

DOCUMENT # P98000041997

1. Entity Name

OOM ENTERPRISES, INC.

Principal Place of Business

**2707 E 98TH AVE
TAMPA FL 33612**

Mailing Address

**2707 E 98TH AVE
TAMPA FL 33612**

2. Principal Place of Business

2813 SEDONA TRACE

Suite, Apt. #, etc.

3. Mailing Address

2813 SEDONA TRACE

Suite, Apt. #, etc.

City & State

PLANT CITY, FL

City & State

PLANT CITY, FL

4. FEI Number

59-3512290

Applied For

Not Applicable

Zip

33566

Country

Zip

33566

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

OOM, JOHN

**2707 E 98TH AVE 2813 SEDONA TRACE
TAMPA FL 33612 PLANT CITY, FL 33566**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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 **P** ☐ Delete
NAME **OOM, JOHN**
STREET ADDRESS **2707 E 98TH AVE**
CITY-ST-ZIP **TAMPA FL 33612**

TITLE **V** ☐ Delete
NAME **OOM, MARGARET K**
STREET ADDRESS **2707 E 98TH AVE**
CITY-ST-ZIP **TAMPA FL 33612**

TITLE **S** ☐ Delete
NAME **OOM, BONNIE S**
STREET ADDRESS **200 CLEARWATER CT**
CITY-ST-ZIP **CLAYTON NC 27520**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2813 SEDONA TRACE**
CITY-ST-ZIP **PLANT CITY, FL 33566**

TITLE ☒ Change ☐ Addition
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STREET ADDRESS **2813 SEDONA TRACE**
CITY-ST-ZIP **PLANT CITY, FL 33566**

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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 line empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-2002 813 764 0087

Date

Daytime Phone #

CR2E034 (9/01)