

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90521 009 ***150.00

DOCUMENT # P98000053187

1. Entity Name
THE OLDENKAMP CORP.



Principal Place of Business
11780 US HWY ONE, STE 300
NORTH PALM BEACH FL 33408

Mailing Address
11780 US HWY ONE, STE 300
NORTH PALM BEACH FL 33408

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0850538**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

FHS CORPORATE SERVICES, INC.
11780 US HWY ONE, STE 300
NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent

Name
Michelle L. Geer
Street Address (P.O. Box Number is Not Acceptable)
5380 S.E. Acadia Terrace
City
Hobe Sound **FL** **Zip Code**
33455

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Michelle L. Geer*

Michele L. Geer

1-7-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution. ☐

10. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	OLDENKAMP, PHYLLIS R
STREET ADDRESS	11780 US HWY ONE, STE 300
CITY-ST-ZIP	NORTH PALM BEACH FL 33408
TITLE	V <input type="checkbox"/> Delete
NAME	NORTON, RICHARD P
STREET ADDRESS	11780 US HWY ONE, STE 300
CITY-ST-ZIP	NORTH PALM BEACH FL 33408
TITLE	V <input type="checkbox"/> Delete
NAME	GEER, CYNTHIA
STREET ADDRESS	11780 US HWY ONE, STE 300
CITY-ST-ZIP	NORTH PALM BEACH FL 33408
TITLE	S <input type="checkbox"/> Delete
NAME	ELDER, SUZANNE
STREET ADDRESS	11780 US HWY ONE, STE 300
CITY-ST-ZIP	NORTH PALM BEACH FL 33408
TITLE	T <input type="checkbox"/> Delete
NAME	RHODE, PAMELA J
STREET ADDRESS	11780 US HWY ONE, STE 300
CITY-ST-ZIP	NORTH PALM BEACH FL 33408
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

PAMELA J RHODE
PAMELA J RHODE

1.17.03 (757) 481-2649

Date

Daytime Phone #

CR2E034 (10/02)