2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000054910**

OGDEN & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

RT.2 BOX 402 RT.2 BOX 402 TALLAHASSEE FL 32311 TALLAHASSEE FL 32311-9601 3. Mailing Address 2. Principal Place of Business

FILED Jan 20, 2000 8:00 am Secretary of State

01-20-2000 90102 009 ***150.00



Suite, Apt. #, etc.			Suite, Apt. #, etc.				-			
		s								
City & State			C	City & State			4. FEI Number 59-3516385 Applied For Not Applicable			
Zip		Country -	· Z	ip	Coun	try	· ~ 5. ć	Certificate of Status Desired	\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent				·		7. h	Name and Address of New Register	ed Agent		
000	SEN CARL					Name				
OGDEN, CARL RT.2 BOX 402					Street Address (P.O. Box Number is Not Acceptable)					
TALLAHASSEE FL 32311							- 7:- C- 1			
						City		· · · · · · · · · · · · · · · · · · ·	Zip Code	3
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After MAY 1, 2000			!!! FEE			ainstating) 10. Election Campaign Financing Trust Fund Contribution.	\$5.0	O May Be		
(See criteria on back) Make Check Payabl				partment of S						
	11. OFFICERS AND DIRECTORS			12.						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Ogden, (RT 2 Box Tallaha			☐ Delete					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		170 m yan	~	☐ Delete		- 1			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete					☐ Change	Addition
TITLE NAME STREET ADDRESS				☐ Delete	TITLE NAM STRE				☐ Change	Addition

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS

NAME

☐ Delete

☐ Delete

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARL OCHEN PRESIDENT 1/15/00

☐ Change

☐ Change

Addition

☐ Addition