

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90052 032 ***158.75

DOCUMENT # P98000063629

1. Entity Name

OPPORTUNITY SYSTEMS 21, INC.

Principal Place of Business

**203 MONTEREY DRIVE
 NAPLES FL 34119-4621**

Mailing Address

**203 MONTEREY DRIVE
 NAPLES FL 34119-4621**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8951 Bonita Beach Rd.

3. Mailing Address

203 Monterey Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

245

**City & State
 Bonita Springs, FL**

**City & State
 Naples, FL**

4. FEI Number **59-3522390**

Applied For

Not Applicable

Zip

Country

34135

US

Zip

34119-4621

Country

US

5. Certificate of Status Desired

X

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FITZPATRICK, PATRICIA
 203 MONTEREY DRIVE
 NAPLES FL 34119-4621**

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

Patricia Fitzpatrick

2/20/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **FITZPATRICK, PATRICIA**
 STREET ADDRESS **203 MONTEREY DRIVE**
 CITY-ST-ZIP **NAPLES FL 34119-4621**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** ☐ Delete
 NAME **FITZPATRICK, THOMAS M**
 STREET ADDRESS **203 MONTEREY DRIVE**
 CITY-ST-ZIP **NAPLES FL 34119-4621**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 like empowered.

SIGNATURE:

Patricia Fitzpatrick
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/02
 Date

941-352-2292
 Daytime Phone #

CR2E034 (9/01)