

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000074074

1. Entity Name

OAKLEY INVESTMENTS, INC.

FILED
Sep 05, 2000 8:00 am
Secretary of State

09-05-2000 90025 008 ***550.00

Principal Place of Business

5633 NUTMEG AVE
 SARASOTA FL 34231

Mailing Address

5633 NUTMEG AVE
 SARASOTA FL 34231

2. Principal Place of Business

3. Mailing Address

5638 NUTMEG AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA, FL.

4. FEI Number

65-0917395

Applied For

Not Applicable

Zip

Country

Zip

Country

34231

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OAKLEY, GARY T
 5633 NUTMEG AVE
 SARASOTA FL 34231

Name: JEFFERY OAKLEY
 Street Address (P.O. Box Number is Not Acceptable): 5638 NUTMEG AVE.
 SARASOTA, FL Zip Code 34231

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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: D
 NAME: OAKLEY, GARY T
 STREET ADDRESS: 5633 NUTMEG AVE
 CITY-ST-ZIP: SARASOTA FL 34231

TITLE: D
 NAME: OAKLEY, JEFFREY R
 STREET ADDRESS: 5638 NUTMEG AVE.
 CITY-ST-ZIP: SARASOTA FL 34231

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: ☐ Delete
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TITLE: ☐ Delete
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 CITY-ST-ZIP:

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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

TITLE: ☐ Change ☐ Addition
 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-24-00

Date

941-925-0647

Daytime Phone #

CR2E034 (5/00)