

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 29, 2002 8:00 am
Secretary of State

04-17-2002 90123 041 ***158.75

DOCUMENT # P98000084304

1. Entity Name

Oz Development, Inc

87643

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1991 NW 29th St

3. Mailing Address
1985 SE 16th Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City, State
Oakland Park, FL

City & State
Lauderdale by the Sea

4. FEI Number 65-0866248

Applied For
☐ Not Applicable

Zip 33311

Country USA

Zip 33062

Country USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Na STEPHEN J. RETFORD

Street Address (P.O. Box Number is Not Acceptable)
1991 NW 29th Street

City Oakland Park

FL

Zip Cc 33311

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: *MY MAKE*

Agent has NOT changed

Signature, typed or printed name of: ☐ Interim agent and fee if applicable. (NOTE: Registered Agent signature required when revesting)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 *D*
NAME STEVE RETFORD
STREET ADDRESS 1985 SE 16th Ct
CITY - ST - ZIP LAUDERDALE BY THE SEA FL 33062

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowerment.

SIGNATURE:

Signature STEVE RETFORD

4/8/02

954 610-3800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034B (12/01)