

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90189 041 ***150.00

DOCUMENT # P99000012000 ✓

1. Entity Name

OOGLI CORP

Principal Place of Business

Mailing Address

2. Principal Place of Business

1950 FIRST AVE. NORTH

3. Mailing Address

1950 FIRST AVE. NORTH

Suite, Apt. #, etc.

SUITE 218

Suite, Apt. #, etc.

SUITE 218

City & State

ST. PETERSBURG, FL

City & State

ST. PETERSBURG, FL

Zip

33713

Country

US

Zip

33713

Country

US

DO NOT WRITE IN THIS SPACE

4. FEI Number

593557419

Applicable

Not Applicable

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

Name PATRICK M O'CONNOR

Street Address (P.O. Box Number is Not Acceptable) 2240 BELLAIR RD SUITE 160

City CLEARWATER

FL

33764

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 or director

NOTE: Registered Agent must be reported within 30 days

3/5/01

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, 2001 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

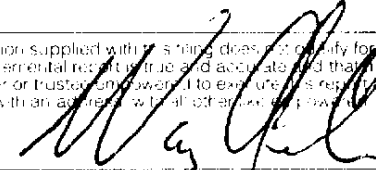
11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	☐ Delete
NAME	WAYNE ANDERSON	
STREET ADDRESS	145 BAY POINT DR	
CITY-STATE-ZIP	ST. PETERSBURG, FL 33704	
TITLE	VICE-PRESIDENT	☐ Delete
NAME	JUDY ANDERSON	
STREET ADDRESS	145 BAY POINT DR	
CITY-STATE-ZIP	ST. PETERSBURG, FL 33704	
TITLE	SECRETARY	☐ Delete
NAME	WAYNE ANDERSON	
STREET ADDRESS	145 BAY POINT DR	
CITY-STATE-ZIP	ST. PETERSBURG, FL 33704	
TITLE	TREASURER	☐ Delete
NAME	WAYNE ANDERSON	
STREET ADDRESS	145 BAY POINT DR	
CITY-STATE-ZIP	ST. PETERSBURG, FL 33704	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS

TITLE		☐ Delete ☐ Add New
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete ☐ Add New
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete ☐ Add New
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete ☐ Add New
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete ☐ Add New
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(3), 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. I am a shareholder 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 on the 110.07(3) or 110.07(4) changed or on an attachment with an address or other information.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WAYNE ANDERSON

03-05-01 727-896-8223

CR2E034 (11/00)