

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000053463

1. Entity Name
ONEIDA, INC.

FILED
Sep 19, 2000 8:00 am
Secretary of State

09-19-2000 90001 027 ***550.00

Principal Place of Business 375 12TH AVENUE. S. NAPLES FL 34102	Mailing Address 375 12TH AVENUE. S. NAPLES FL 34102
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3403 Winkler Avenue Suite, Apt. #, etc.	3. Mailing Address 3403 Winkler Avenue Suite, Apt. #, etc.
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City & State Ft. Myers, FL	City & State Ft. Myers, FL	4. FEI Number 65-1027517	Applied For <input type="checkbox"/> Not Applicable
Zip 33916	Country	Zip 33916	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

FAGA, ANTONIO ESQ.
375 12TH AVENUE, S.
NAPLES FL 34102

7. Name and Address of New Registered Agent

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 *Sign Here* DATE 9/13/00

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete STEVENS, MICHAEL 223 BAYFRONT DRIVE BONITA SPRINGS FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Stevens, Michael 3403 Winkler Avenue Ft. Myers, FL 33916
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE: *SIGNATURE REQUIRED* DATE 9/13/00 DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (5/00)

Attachment
D#P 490000534 63
A0079573

GOFFMAN, KURZER, LOEWENSTEIN AND COMPANY, LLC
CERTIFIED PUBLIC ACCOUNTANTS

66 MOUNT PROSPECT AVENUE
CLIFTON, NEW JERSEY 07013
TEL: (973) 779-8100
FAX: (973) 779-7138

NAME: Oneida, Inc.

DATE: September 8, 2000

INSTRUCTIONS FOR FILING FORM FL-2000 UBR FOR THE YEAR ENDED 12/31/99

Page 1 (Box 8 & 13) must be signed and dated by:

The return is due by:

Michael Stevens

September 13, 2000

Amount of fee \$ 550.00

Mail return to:

Make check payable to:

Division of Corporations
Uniform Business Report

DEPARTMENT OF STATE

Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

PLEASE RETAIN THE ATTACHED COPY FOR YOUR FILES