

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

DOCUMENT # P99000053463

1. Entry Name

ONEIDA, INC.

FILED
02 MAY 14 PM 5:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

DO NOT WRITE IN THIS SPACE

City & State

Fort Myers, FL

City & State

Fort Myers, FL

4. FEI Number

65-1022512

Applied For

Not Applicable

Zip

33916

Country

US

Zip

33916

Country

US

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JOHN LUSK

Street Address (P.O. Box Number is Not Acceptable)

3403 Winkler Avenue

City

Fort Myers

FL

Zip Code
33916

**DO NOT WRITE
IN THIS SPACE**

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)

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

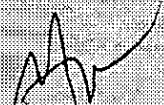
11. OFFICERS AND DIRECTORS

TITLE	D/P
NAME	STEVENS, MICHAEL
STREET ADDRESS	3403 Winkler Avenue
CITY-ST-ZIP	Fort Myers, FL 33916
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**



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 on an attachment with an address, with all other like empowered.

SIGNATURE: 
MICHAEL STEVENS

President

skolor (941) 455-6961

Date Daytime Phone #

CR2E034B (12/01)



ACCOUNT NO. : 072100000032

REFERENCE : 578831 4332894

AUTHORIZATION :

Patricia Pigute

COST LIMIT : \$ 558.75

ORDER DATE : May 14, 2002

ORDER TIME : 11:23 AM

ORDER NO. : 578831-005

CUSTOMER NO: 4332894

CUSTOMER: Karen Laborde, Legal Asst
Henderson Franklin Starnes &
1715 Monroe Street

Fort Myers, FL 33901

RECEIVED
02 MAY 14 PM 12:11
DEPARTMENT OF STATE
VISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: ONEIDA, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Hull-EXT# 1115

EXAMINER'S INITIALS: _____