

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90071 027 ***150.00

DOCUMENT # P99000055516

1. Entity Name
OAKS PLAZA CENTER, INC.

Principal Place of Business 2033 MAIN ST. SUITE 304 SARASOTA FL 34237	Mailing Address 2033 MAIN ST. SUITE 304 SARASOTA FL 34237-6049
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. Suite 104	3. Mailing Address Suite, Apt. #, etc. Suite 104
City & State	City & State
Zip	Country

4. FEI Number Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ROTEN, REX A
 46 N WASHINGTON BLVD #1
 SARASOTA FL 34236**

7. Name and Address of New Registered Agent

Name **Mary Kelly**
 Street Address (P.O. Box Number is Not Acceptable)
**2033 Main St.
 Suite 104**
 City **Sarasota** FL Zip Code **34237**

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 *Mary L. Kelly* DATE **4.24.00**

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 \$150.00
After MAY 1, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D Jarallah, Samir	NAME	
STREET ADDRESS	2033 Main St., Suite 104	STREET ADDRESS	
CITY-ST-ZIP	Sarasota, FL 34237	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D Kelly, Mary	NAME	
STREET ADDRESS	2033 Main St., Suite 104	STREET ADDRESS	
CITY-ST-ZIP	Sarasota, FL 34237	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Mary L. Kelly* Director DATE **4.24.00** (941) 366-0217

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #