

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000063048

1. Entity Name

OGMA FINANCIAL SERVICES, INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90001 031 ***150.00

Principal Place of Business	Mailing Address
400 E. LINTON BLVD. STE G-7 DELRAY BEACH FL 33483	400 E. LINTON BLVD. STE G-7 DELRAY BEACH FL 33483-5082

2. Principal Place of Business	3. Mailing Address
--------------------------------	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number	Applied For
65-0928850	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
----------------------------------	---

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
---	---

LYONS, DIANN L 9808 LIBERTY RD. BOCA RATON FL 33434	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

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) ☒

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																				
<table><tr><td>TITLE</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>	TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		<table><tr><td>TITLE</td><td>President, VP, Sec, Treas</td><td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td>DIANN L. LYONS</td><td></td></tr><tr><td>STREET ADDRESS</td><td>9808 LIBERTY RD</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>BOCA RATON, FL 33434</td><td>100% ownership</td></tr></table>	TITLE	President, VP, Sec, Treas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	DIANN L. LYONS		STREET ADDRESS	9808 LIBERTY RD		CITY-ST-ZIP	BOCA RATON, FL 33434	100% ownership
TITLE	<input type="checkbox"/> Delete																				
NAME																					
STREET ADDRESS																					
CITY-ST-ZIP																					
TITLE	President, VP, Sec, Treas	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																			
NAME	DIANN L. LYONS																				
STREET ADDRESS	9808 LIBERTY RD																				
CITY-ST-ZIP	BOCA RATON, FL 33434	100% ownership																			
<table><tr><td>TITLE</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>	TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete																				
NAME																					
STREET ADDRESS																					
CITY-ST-ZIP																					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																			
NAME																					
STREET ADDRESS																					
CITY-ST-ZIP																					
<table><tr><td>TITLE</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>	TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete																				
NAME																					
STREET ADDRESS																					
CITY-ST-ZIP																					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																			
NAME																					
STREET ADDRESS																					
CITY-ST-ZIP																					
<table><tr><td>TITLE</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>	TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete																				
NAME																					
STREET ADDRESS																					
CITY-ST-ZIP																					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																			
NAME																					
STREET ADDRESS																					
CITY-ST-ZIP																					
<table><tr><td>TITLE</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>	TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete																				
NAME																					
STREET ADDRESS																					
CITY-ST-ZIP																					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																			
NAME																					
STREET ADDRESS																					
CITY-ST-ZIP																					
<table><tr><td>TITLE</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td></tr></table>	TITLE	<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY-ST-ZIP		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete																				
NAME																					
STREET ADDRESS																					
CITY-ST-ZIP																					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																			
NAME																					
STREET ADDRESS																					
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIANN L. LYONS, President

4.15.2000 561.274.8089

Date Daytime Phone #

CR2E034 (9/99)