

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

0101165 AV

03-14-2002 90081 005 ***150.00

DOCUMENT # P99000065172

1. Entity Name
 OKLAS, INC.

Principal Place of Business

692 CREEKWOOD D.
 ORLANDO FL 32809

Mailing Address

692 CREEKWOOD D.
 ORLANDO FL 32809

2. Principal Place of Business

4520 RAYMAR JR

3. Mailing Address

4520 RAYMAR DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FLORIDA

City & State

ORLANDO FL

Zip

32839

Country

ORANGE

Zip

32839

Country

4. FEI Number

59-3585909

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

LAURIA, RONALD G
 620 CRANES WAY, STE 207
 ALTAMONTE SPRINGS FL 32701

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers 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, 2002 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 PD ☐ Delete
 NAME OMEROVIC, SALKO
 STREET ADDRESS 692 CREEKWOOD DR.
 CITY-ST-ZIP ORLANDO FL 32809

TITLE STD ☐ Delete
 NAME OMEROVIC, SALET
 STREET ADDRESS 692 CREEKWOOD DR.
 CITY-ST-ZIP ORLANDO FL 32809

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
 NAME OMEROVIC, SALKO
 STREET ADDRESS 4520 RAYMAR JR
 CITY-ST-ZIP ORLANDO FL 32839

TITLE STD ☒ Change ☐ Addition
 NAME OMEROVIC, SALET
 STREET ADDRESS 4520 RAYMAR JR
 CITY-ST-ZIP ORLANDO FL 32839

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

CR2E034 (9/01)