

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
 05-13-2002 90127 004 ***150.00

DOCUMENT # P99000071878

1. Entity Name
OAK REALTY INC.

Principal Place of Business

**250 S. BRIDGE STREET
 STE A
 LABELLE FL 33935**

Mailing Address

**PO BOX 418
 LABELLE FL 33975**

2. Principal Place of Business

250 S. Bridge Street

3. Mailing Address

Suite, Apt. #, etc.

Ste "D"

City & State

Labelle FL

DO NOT WRITE IN THIS SPACE



4. FEI Number **59-3595215**

Applied For
 Not Applicable

Zip

Country

33935 Hendry

Zip

Country

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

6. Name and Address of Current Registered Agent

**ALEXANDER, CINDY L
 4525 CRESCENT AVE.
 LABELLE FL 33935**

Change of Address →

7. Name and Address of New Registered Agent

Name

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

4595 Crescent Ave

City **Labelle**

FL

33935

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 *Cindy L. Alexander* **Cindy L. Alexander** (PRES) **4/26/02**
 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 **PVSD** ☐ Delete
 NAME **ALEXANDER, CINDY**
 STREET ADDRESS **250 SOUTH STREET STE A**
 CITY-ST-ZIP **LABELLE FL 33935**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVSD** ☒ Change ☐ Addition
 NAME **Alexander, Cindy**
 STREET ADDRESS **250 S. Bridge St Ste "D"**
 CITY-ST-ZIP **Labelle, FL 33935** ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition
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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: *Cindy L. Alexander* **4/26/02** **863-675-0500**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)