

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000089791

1. Entity Name

OAKVILLE, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90030 020 ***150.00

Principal Place of Business

Mailing Address

5173 S JOHN YOUNG PARKWAY
ORLANDO FL 32839

5173 S JOHN YOUNG PARKWAY
ORLANDO FL 32839-5021

2. Principal Place of Business

3. Mailing Address

5173 South John Young Parkway
Suite, Apt. #, etc.

5173 S John Young Parkway
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State Orlando, Florida 32839	City & State Orlando, Florida	4. FEI Number 59-3602879	Applied For Not Applicable
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Zip 32839	Country USA	Zip 32839	Country USA	5. Certificate of Status Desired \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATEL, PRABODH C
815 ORIENTA AVE
SUITE SIX
ALTAMONTE SPRINGS FL 32701

Name
Prabodh C. Patel
Street Address (P.O. Box Number is Not Acceptable)
815 Orienta Avenue
Suite Six
City
Altamonte Springs FL Zip Code
32701

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

TITLE P NAME PATEL, JAY P STREET ADDRESS 5173 S JOHN YOUNG PARKWAY CITY-ST-ZIP ORLANDO FL 32839	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #

407-857-2525

CR2E034 (9/99)