

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90068 009 ***150.00

0136517 AV

DOCUMENT # P99000098177

1. Entity Name

OAK HARBOR PROPERTY MANAGEMENT, INC.



Principal Place of Business
4755 SOUTH HARBOR DRIVE
VERO BEACH FL 32967

Mailing Address
4755 SOUTH HARBOR DRIVE
VERO BEACH FL 32967

2. Principal Place of Business
4820 20TH AVENUE

3. Mailing Address
4820 20TH AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
VERO BEACH, FL

City & State
VERO BEACH, FL

4. FEI Number
65-0967254

Applied For
Not Applicable

Zip
32967

Country
USA

Zip
32967

Country
USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HENN, PETER J
3755 7TH TERRACE 301
VERO BEACH FL 32960

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
HENN, PETER J
3755 7TH TERRACE 301
VERO BEACH FL 32960 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
HENN, PETER J.
3755 7TH TERRACE, SUITE 301
VERO BEACH, FL 32960 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
M
SPILIOS, ART
4755 S HARBOR
VERO BEACH FL 32967 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VT
MCLAIN, MARY
3755 7TH TERRACE
VERO BEACH, FL 32960 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MVP
RULE, LISA A
4720 20TH AVENUE
VERO BEACH FL 32967 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
NORTH, ANNABEL
3755 7TH TERRACE
VERO BEACH, FL 32960 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
NORTH, ANNABEL
3755 7TH TERRACE 301
VERO BEACH FL 32960 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
STORETUEDT, J P
3755 7TH TERRACE
VERO BEACH, FL 32960 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
MCLAIN, MARY
3755 7TH TERRACE 301
VERO BEACH FL 32960 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
M
RULE, LISA A.
4820 20TH AVENUE
VERO BEACH, FL 32967 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lisa A. Rule
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 (770) 778-5943
Date Daytime Phone #

CR2E034 (10/02)