

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S20950

1. Entity Name

OGLU, INC.

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

02-24-2000 90004 032 ***158.75

Principal Place of Business

Mailing Address

~~ROUTE 1, BOX 811~~

~~TRENTON FL 32693~~

O.G.L.U. INC

8751 NW 173RD ST

TRENTON FL 32693-9218

US

FANNING SPRINGS

2. Principal Place of Business

CORNER US 19 AND ST. RD 26

3. Mailing Address

8751 NW 173rd ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FANNING SPRINGS FL

City & State

FANNING SPRINGS FL

Zip

32693

Country

USA

Zip

32693-9218

Country

USA

4. FEI Number

59-3071411

Applied For

Not Applicable

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

CHASE, PHYLLIS ANN
8751 NW 173RD ST
TRENTON FL 32693

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 *PHYLLIS ANN CHASE*

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

Phyllis Ann Chase 2-10-00

(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	PS	<input type="checkbox"/> Delete
NAME	CHASE, PHYLLIS A.	
STREET ADDRESS	8751 NW 173RD ST	<i>32693</i>
CITY-ST-ZIP	TRENTON FL <i>FANNING SPRINGS</i>	
TITLE	VT.	<input type="checkbox"/> Delete
NAME	SULLIVAN, THOMAS J.	
STREET ADDRESS	8751 NW 173RD ST	<i>32693</i>
CITY-ST-ZIP	TRENTON FL <i>FANNING SPRINGS</i>	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	PAUL EARL CHASE	
STREET ADDRESS	8751 NW 173RD ST	<i>32693</i>
CITY-ST-ZIP	TRENTON FL 32693 <i>FANNING SPRINGS</i>	
TITLE		<input type="checkbox"/> Delete
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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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Phyllis Ann Chase *PHYLLIS ANN CHASE 2-10-00*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)