

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90072 048 ***158.75

DOCUMENT # S20950

1. Entity Name
OGLU, INC.

Principal Place of Business
CORNER US 19 AND ST RD 26
TRENTON FL 32693

Mailing Address
O.G.L.U. INC
8751 NW 173RD ST
TRENTON FL 32693-9218
US

CORNER US 19 + ST RD 26

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

OGLU INC
8751 NW 173rd ST



DO NOT WRITE IN THIS SPACE

City & State
FANNING SPRINGS FL.

City & State
FANNING SPRINGS FL.

4. FEI Number **59-3071411**

Applied For
 Not Applicable

Zip Country
32693-9218 US

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32693-9218 US

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** *Phyllis Ann Chase P.S. 4-12-01*
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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PS	CHASE, PHYLLIS A.	8751 NW 173RD ST	FANNING SPRINGS FL 32693	<input type="checkbox"/>
VT	SULLIVAN, THOMAS J.	8751 NW 173RD ST	FANNING SPRINGS FL 32693	<input type="checkbox"/>
DVP	PAUL EARL CHASE	8751 NW 173RD ST	FANNING SPRINGS FL 32693	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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* **4-12-01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **352-463-2846**

CR2E034 (10/00)