

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 537479

1. Entity Name *O.T.C. ENTERPRISES CORPORATION*

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 23 AM 11:16

DO NOT WRITE IN THIS SPACE

500023558865
10/06/03--01002--023 **750.00

Reinstatement 03
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1920 N MONROE ST
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
TALLAHASSEE FL
Zip
32303

City & State
Country
Zip

4. FEI Number
36-3761230
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Robert T Gass
Street Address (P.O. Box Number is Not Acceptable)
1920 N MONROE ST
City
TALLAHASSEE FL Zip Code
32303

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 *Robert T Gass*
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)
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	<i>Robert T Gass President/Sec</i> <i>1920 N MONROE ST</i> <i>TALLAHASSEE FL 32303</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert T Gass*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #

CR20234B (12/01)