

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S49097

1. Entity Name

O. & P. ASSOCIATES OF CHARLOTTE COUNTY, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90034 039 ***150.00

Principal Place of Business

21216 OLEAN BLVD.
 CENTRAL PLAZA WEST, UNIT 5
 PORT CHARLOTTE FL 33952

Mailing Address

21216 OLEAN BLVD.
 CENTRAL PLAZA WEST, UNIT 5
 PORT CHARLOTTE FL 33952-6722

2. Principal Place of Business

21216 OLEAN BLVD

3. Mailing Address

21216 OLEAN BLVD

Suite, Apt. #, etc.

CENTRAL PLAZA WEST # 1

Suite, Apt. #, etc.

CENTRAL PLAZA WEST # 1

City & State

PORT CHARLOTTE FL

City & State

PORT CHARLOTTE FL



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0273260

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

DROWNE, DANIEL K
 21216 OLEAN BLVD., UNIT 1
 PORT CHARLOTTE FL 33952

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

Daniel K Drowne

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 Delete
 NAME: DROWNE, DANIEL K
 STREET ADDRESS: 21216 OLEAN BLVD., UNIT 1
 CITY-ST-ZIP: PT. CHARLOTTE FL 33952

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

TITLE: VP Delete
 NAME: PALMER, EDWARD E
 STREET ADDRESS: 21216 OLEAN BLVD., UNIT 1
 CITY-ST-ZIP: PT. CHARLOTTE FL 33952

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

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 CITY-ST-ZIP: Change 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:

Daniel K Drowne DANIEL K Drowne

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-00

Date

(941) 229-9689

Daytime Phone #

CR2E034 (9/99)