

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S61558

1. Entity Name

DEE OBERG, INC.

FILED

Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90096 002 ***150.00

Principal Place of Business

~~20 CAMEO CT~~ 662 Hwy 98E
#220
DESTIN FL 32541
US

Mailing Address

~~20 CAMEO CT~~ Same
#220
DESTIN FL 32541
US

2. Principal Place of Business

662 Hwy 98E
Suite, Apt. #, etc.
#220

3. Mailing Address

662 Hwy 98E
Suite, Apt. #, etc.
#220

City & State

Destin

City & State

Destin Fl

Zip

Fla

Country

Chalossa

Zip

32541

Country

Chalossa

6. Name and Address of Current Registered Agent

OBERG, INEZ D.

~~20 CAMEO CT~~ 662 Hwy 98E #220
DESTIN FL #@%\$

7. Name and Address of New Registered Agent

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

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

TITLE ☐ Delete
NAME D
OBERG, INEZ D.
STREET ADDRESS ~~20 CAMEO CT~~ 662 Hwy 98E
CITY-ST-ZIP DESTIN FL 32541 #220

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
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NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)