

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 355017

1. Entity Name
OGRAM INC

Principal Place of Business
3334 WEATHERTOP WAY
ROSWELL GA 30075
US

Mailing Address
3334 WEATHERTOP WAY
ROSWELL GA 30075
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1274348

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

DECARION, GEORGE H
12601 SW 67TH CT.
MIAMI FL 33156

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
BYRD, LYNN
200 OCEAN LANE DR UNIT 705
KEY BISCAYNE FL

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VDAS
KING, LINDA L
3334 WEATHERBY WAY
ROSWELL GA

☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
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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 indicate 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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name has not been 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

2/15/2001 643-1851
Date Pay Phone #

RECEIVED

MAIL TO
STATE

Sign
Here

0444826

CR2E034 (10/00)