

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 08:00 AM
Secretary of State

DOCUMENT # 591368

1. Entity Name
OAK HARBOR, INC.

Principal Place of Business LAKE LOWERY RD. OAK HARBOR HAINES CITY 33844	FL	Mailing Address #100 OAK HARBOR HAINES CITY 33844	US	FL
--------------------------------------------------------------------------------------	----	------------------------------------------------------------	----	----

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 59-1924219	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
------------------------------------	-----------------------------------------	--------------------------------------------

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ANDERSON J GREGG
 100 OAK HARBOR LAKE LOWERY RD
 OAK HARBOR
 HAINES CITY FL
 33844 US

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 _____ DATE **04/05/2001**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 D	<input type="checkbox"/> Delete
NAME MADDOX SANDRA KAY	
STREET ADDRESS 2540 TIGER CREEK FOREST	
CITY-ST-ZIP LAKE WALES FL 33853	
TITLE D	<input type="checkbox"/> Delete
NAME ANDERSON JESSICA L	
STREET ADDRESS 100 OAK HARBOR	
CITY-ST-ZIP HAINES CITY FL 33844	
TITLE D	<input type="checkbox"/> Delete
NAME SIRIUS MARIAH	
STREET ADDRESS 8016 MIDNIGHT PASS RD.	
CITY-ST-ZIP SARASOTA FL 34242	
TITLE STD	<input type="checkbox"/> Delete
NAME ANDERSON, VERNELL	
STREET ADDRESS OAK HARBOR LAKE LOWERY	
CITY-ST-ZIP HAINES CITY FL	
TITLE PD	<input type="checkbox"/> Delete
NAME ANDERSON J GREGG	
STREET ADDRESS 100 OAK HARBOR LANE LOWERY RD	
CITY-ST-ZIP HAINES CITY FL 33844	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: J. Gregg Anderson **PD** **04/05/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)