

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 591368

FILED
May 21, 2003
Secretary of State

Entity Name: OAK HARBOR, INC.

Current Principal Place of Business:

LAKE LOWERY RD.
OAK HARBOR
HAINES CITY, FL 33844

New Principal Place of Business:

10,000 LAKE LOWERY RD.
OAK HARBOR
HAINES CITY, FL 33844

Current Mailing Address:

#100 OAK HARBOR
HAINES CITY, FL 33844 US

New Mailing Address:

FEI Number: 59-1924219 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ANDERSON, J GREGG
Address: 100 OAK HARBOR LANE LOWERY RD
City-St-Zip: HAINES CITY, FL 33844

Title: STD () Delete
Name: ANDERSON, VERNELL,
Address: OAK HARBOR LAKE LOWERY
City-St-Zip: HAINES CITY, FL

Title: D () Delete
Name: SIRIUS, MARIAH
Address: 8016 MIDNIGHT PASS RD.
City-St-Zip: SARASOTA, FL 34242

Title: D () Delete
Name: ANDERSON, JESSICA L
Address: 100 OAK HARBOR
City-St-Zip: HAINES CITY, FL 33844

Title: D (X) Delete
Name: MADDOX, SANDRA KAY
Address: 2540 TIGER CREEK FOREST
City-St-Zip: LAKE WALES, FL 33853

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. GREGG ANDERSON

PD

05/21/2003

Electronic Signature of Signing Officer or Director

_____ Date