


**FILED**  
**Jan 10, 2003 8:00 am**  
**Secretary of State**

01-10-2003 90104 047 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 693561  
 1. Entity Name  
Oak Spring, Inc.



**DO NOT WRITE IN THIS SPACE**

**70004505**

2. Principal Place of Business  
3951 NW Blitchton Rd  
 Suite, Apt. #, etc.

3. Mailing Address  
3951 NW Blitchton Rd  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Ocala, FL

City & State  
Ocala, FL 320

Zip  
34482 Country  
USA

Zip  
34482 Country  
USA

4. FEI Number  
59 2110298

Applied For  
 Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Azim F. Sajju

Street Address (P.O. Box Number is Not Acceptable)  
3951 NW Blitchton Rd

City  
Ocala FL Zip Code  
34482

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature] **119103**

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

January 1 - May 1 Fee is \$150.00  
 After May 1, Fee is \$550.00  
 Amended UBR is \$61.25  
 Make Check Payable to Florida Department of State

9. Election Campaign Financing  
 Trust Fund Contribution **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE <u>President / Treasurer</u> NAME <u>Navroz F. Sajju</u> STREET ADDRESS <u>3951 NW Blitchton Road</u> CITY-ST-ZIP <u>Ocala, FL 34482</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE <u>Vice President / Secretary</u> NAME <u>Azim F. Sajju</u> STREET ADDRESS <u>3951 NW Blitchton Rd</u> CITY-ST-ZIP <u>Ocala, FL 34482</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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**DO NOT WRITE IN THIS SPACE**

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] Azim F. Sajju **119103** **352 629 7021**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**x334**