

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90032 009 ***150.00

DOCUMENT # F72727

1. Entity Name
OAKS PROPERTIES, INC.

Principal Place of Business 3. ORA 3- MCALISTER U.S. HWY 98. AT THE BRIDGE PANACEA FL 32346	Mailing Address P.O. BOX 26 PANACEA FL 32346 US
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00002006



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business U.S. Hwy 98 At the Bridge Suite, Apt. #, etc.	3. Mailing Address P.O. Box 26 Suite, Apt. #, etc.
City & State Panacea, Florida	City & State Panacea, Florida
Zip 32346	Country US
Zip 32346	Country US

4. FEI Number **59-2170937** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
WHITE, WILLIAM C
52 COASTAL HWY.
PANACEA FL 32346

7. Name and Address of New Registered Agent
 Name **Barbara Linton**
 Street Address (P.O. Box Number is Not Acceptable)
52 Coastal Highway
 City **Panacea** **FL** Zip Code **32346**

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 Barbara Linton DATE 4-30-01
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P LINTON, BARBARA A P.O. BOX 26 N/A PANACEA FL 32346
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete VPTS WHITE, WILLIAM C PO BOX 26) PANACEA FL 32346
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Linton, Barbara VPTS P.O. Box 26 Panacea, Fl. 32343 32346
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Barbara Linton DATE 4-30-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)