

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90322 006 \*\*\*150.00

**DOCUMENT # F92263**

1. Entity Name

**THE OKERSTROM CORPORATION OF FLORIDA**

Principal Place of Business

Mailing Address

**13520 MERRIMAN  
 LIVONIA MI 48150  
 US**

**13520 MERRIMAN  
 LIVONIA MI 48150  
 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 **38-2870146**

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

**OKERSTROM, ROBERT L.  
 7030-1 COGNAC DRIVE  
 NEW PORT RICHEY FL 34653**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if app. cap. a.

(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	<b>PTD</b>	<input type="checkbox"/> Delete
NAME	<b>OKERSTROM, ROBERT L</b>	
STREET ADDRESS	<b>13520 MERRIMAN</b>	
CITY - ST - ZIP	<b>LIVONIA MI</b>	
TITLE	<b>V Maniaci, Jackie L.</b>	<input type="checkbox"/> Delete
NAME	<b>OKERSTROM, JACKIE L</b>	
STREET ADDRESS	<b>6147 SHARON DR</b>	
CITY - ST - ZIP	<b>BRIGHTON MI</b>	
TITLE	<b>VS Ray, Jills.</b>	<input type="checkbox"/> Delete
NAME	<b>OKERSTROM, JILL S</b>	
STREET ADDRESS	<b>15005 LYONS</b>	
CITY - ST - ZIP	<b>LIVONIA MI</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Maniaci, Jackei L.</b>	
STREET ADDRESS	<b>7920 Valencia Ct E. Highland Ranch</b>	
CITY - ST - ZIP	<b>Highland CA 92346</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Ray, Jill S.</b>	
STREET ADDRESS	<b>1068 Riverview P O 322</b>	
CITY - ST - ZIP	<b>Whitepine, MI 49971</b>	
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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-18-01**

Date

**734 421 8267**

Daytime Phone #

CR2E034 (10/00)