


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2003 8:00 am
Secretary of State

04-08-2003 90097 011 ***150.00

DOCUMENT # F92263

1. Entity Name
THE OKERSTROM CORPORATION OF FLORIDA



Principal Place of Business
**13520 MERRIMAN
LIVONIA MI 48150
US**

Mailing Address
**13520 MERRIMAN
LIVONIA MI 48150
US**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

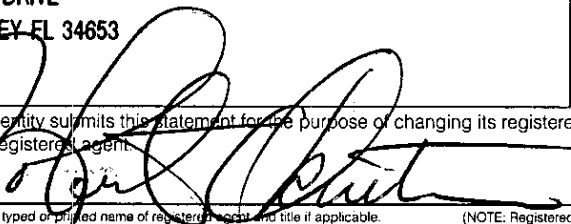


CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**OKERSTROM, ROBERT L.
7030-1 COGNAC DRIVE
NEW PORT RICHEY FL 34653**

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

SIGNATURE  DATE **04-05-03**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	CPD	<input type="checkbox"/> Delete
NAME	OKERSTROM, ROBERT L	
STREET ADDRESS	13520 MERRIMAN	
CITY-ST-ZIP	LIVONIA MI 48150	
TITLE	V	<input type="checkbox"/> Delete
NAME	MANIACI, JACKEI L	
STREET ADDRESS	7920 VALENCIA CT E HIGHLAND RANCH	
CITY-ST-ZIP	HIGHLAND CA 92346	
TITLE	VS	<input type="checkbox"/> Delete
NAME	RAY, JILL S	
STREET ADDRESS	1068 RIVERVIEW, P.O. BOX 322	
CITY-ST-ZIP	WHITEPINE MI 49971	
TITLE	VM	<input type="checkbox"/> Delete
NAME	THOMAS, MAY	
STREET ADDRESS	12032 LEVERNE	
CITY-ST-ZIP	REDFORD MI 48239	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  DATE **04-05-03** DAYTIME PHONE # **734-427-6302**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)