

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2002 8:00 am
Secretary of State
 03-19-2002 90010 018 ***158.75

0624327 AT

DOCUMENT # F97000002627

1. Entity Name

OTTO-MEYER, INC.

Principal Place of Business

**2449 E. MAIN ST
 GREENWOOD IN 46143**

Mailing Address

**2449 E. MAIN ST
 GREENWOOD IN 46143**

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

35-1533500

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**OWEN, MICHAEL W
 1604 TAMARINO CIR
 GULF HARBOURS
 FT MYERS FL 33919**

7. Name and Address of New Registered Agent

Name **JERRY BROOKS**

Street Address (P.O. Box Number is Not Acceptable)

105 MURCOTT DRIVE

City **WINTER HAVEN**

FL

Zip Code **33884**

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

Jerry Brooks

JERRY BROOKS

3-1-02

Signature, typed or printed name of registered agent and title if applicable.

(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, 2002 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	P	<input type="checkbox"/> Delete
NAME	OTTO, KENNETH A	
STREET ADDRESS	2449 E. MAIN ST	
CITY-ST-ZIP	GREENWOOD IN 46143	
TITLE	V	<input type="checkbox"/> Delete
NAME	OTTO, MYRA L	
STREET ADDRESS	2449 E. MAIN ST	
CITY-ST-ZIP	GREENWOOD IN 46143	
TITLE	GM	<input type="checkbox"/> Delete
NAME	SAWA, STEVE	
STREET ADDRESS	2449 E MAIN STREET	
CITY-ST-ZIP	GREENWOOD IN 46143	
TITLE	DOO	<input type="checkbox"/> Delete
NAME	OTTO, MATT	
STREET ADDRESS	2449 E. MAIN ST	
CITY-ST-ZIP	GREENWOOD IN 46143	
TITLE	SF	<input type="checkbox"/> Delete
NAME	DONICA, TIM	
STREET ADDRESS	2449 E. MAIN ST	
CITY-ST-ZIP	GREENWOOD IN 46143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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	
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:

Kenneth A. Otto
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KENNETH A. OTTO

3-1-02

Date

(317) 882-8933

Daytime Phone #

CR2E034 (9/01)