

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91193 035 ***158.75

0066962 AB

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

20031716



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

BROOKS, JERRY
105 MURCOTT DRIVE
WINTER HAVEN FL 33884

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-03

Date

317-882-8933

Daytime Phone #

CP2E034 (10/02)