

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90014 024 ***150.00

DOCUMENT # G13193

1. Entity Name
OAKBAY INVESTMENTS, INC.

Principal Place of Business 31622 US 19 NORTH PALM HARBOR FL 34684 US	Mailing Address 31622 US 19 NORTH PALM HARBOR FL 34684 US
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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 **59-2242151** 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

**HENDRY, DONALD W
 31622 US HIGHWAY 19 NORTH
 PALM HARBOR FL 34684**

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 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, 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
VPD Delete <input type="checkbox"/>	HENDRY, DONALD W. 31522 US 19 NORTH PALM HARBOR FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D Delete <input type="checkbox"/>	LEAHON, LARRY P. 31622 US 19 NORTH PALM HARBOR FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
D Delete <input checked="" type="checkbox"/>	LEAHON, PETER L. 31622 US 19 NORTH PALM HARBOR FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: Lawrence Leahon **LAWRENCE LEAHON** Date 1/23/01 Daytime Phone # 727-7895010

CR2E034 (10/00)

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