

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 05, 2001 8:00 am**  
**Secretary of State**

03-05-2001 90078 014 \*\*\*150.00

**DOCUMENT # P00000013804**

1. Entity Name  
**OAKLAND CORP.**

Principal Place of Business <b>4038 N.E. 5TH TERRACE          OAKLAND PARK FL 33334-2213</b>	Mailing Address <b>4038 N.E. 5TH TERRACE          OAKLAND PARK FL 33334-2213</b>
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2. Principal Place of Business	3. Mailing Address <b>2719 NE 21 TR.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State <b>FT. LAUDERDALE, FL.</b>
Zip	Country <b>33306</b> <b>FLORIDA</b>



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0997431</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**GALATIS, TED P JR.  
 1501 NE 4TH AVENUE  
 FORT LAUDERDALE FL 33304**

7. Name and Address of New Registered Agent  
 Name: **RICHARD S. CROWLEY**  
 Street Address (P.O. Box Number is Not Acceptable):  
**2719 NE 21 TR.**  
 City: **FT. LAUDERDALE, FL** Zip Code: **33306**

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: DATE: **2/27/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P.D. RICHARD S. CROWLEY 2719 NE 21 TR. FT. LAUDERDALE, FL 33306</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S.T.D. PATRICIA M. CROWLEY 2719 NE 21 TR. FT. LAUDERDALE, FL 33306</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DATE: **2/27/01** (954) **RXT 250**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # **765-5350**

CR2E034 (10/00)