

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90466 019 \*\*\*150.00

**DOCUMENT # P00000117660**

1. Entity Name  
**OH MY GAUZE OF WISCONSIN, INC.**

Principal Place of Business 502 N. SPOONBILL DRIVE SARASOTA FL 34236	Mailing Address 502 N. SPOONBILL DRIVE SARASOTA FL 34236
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2. Principal Place of Business <b>227 Broad ST</b>	3. Mailing Address <b>2123-F Porter Lake Dr.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State <b>LAKE GENEVA WI</b>	City & State <b>SARASOTA FL</b>	4. FEI Number <b>06-1609173</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>53147</b>	Country <b>USA</b>	Zip <b>34240</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</b>	7. Name and Address of New Registered Agent Name <b>KENNETH MOONEY</b> Street Address (P.O. Box Number is Not Acceptable) <b>502 N. SPOONBILL DR.</b> City <b>SARASOTA FL</b> Zip Code <b>34236</b>
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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 *Kenneth Mooney* **KENNETH MOONEY** 3-16-01  
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. <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete	MOONEY, JOY 502 N. SPOONBILL DRIVE SARASOTA FL 34236	TITLE CEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP <input type="checkbox"/> Delete	MOONEY, KEN 2123-F PORTER LAKE DR SARASOTA FL 34240	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S <input type="checkbox"/> Delete	MOONEY, ALLISON 2123-F PORTER LAKE DR SARASOTA FL 34240	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T <input type="checkbox"/> Delete	MOONEY, KENDRA 2123-F PORTER LAKE DR SARASOTA FL 34240	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <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: *Kenneth Mooney* **KENNETH MOONEY** 3-16-01 342-4992  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)