

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

0697178 FP

DOCUMENT # **P94000077208**

1. Entity Name
OAK HARBOR HOLDINGS, INC.



04-16-2003 90132 025 ***150.00

Principal Place of Business
% **HOWARD GROUP**
630 GRAND BLVD., STE. 100
DESTIN FL 32550
08

Mailing Address
% **HOWARD GROUP**
630 GRAND BLVD., STE. 100
DESTIN FL 32550
08



2. Principal Place of Business
185 Grand Blvd
Suite, Apt. #, etc.

3. Mailing Address
185 Grand Blvd
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Destin, FL

City & State
Destin, FL

4. FEI Number **59-3274918**

Applied For
Not Applicable

Zip
32550

Country

Zip
32550

Country

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

HOWARD, KEITH
630 GRAND BLVD SUITE 100
DESTIN FL 32550

Name
Street Address (P.O. Box Number is Not Acceptable)
185 Grand Blvd
City
Destin FL **32550**

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

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 Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	HOWARD, JAMES KEITH
STREET ADDRESS	630 GRAND BLVD., SUITE 100
CITY-ST-ZIP	DESTIN FL 32550
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	185 Grand Blvd
CITY-ST-ZIP	Destin, FL 32550
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	

CR2E034 (10/02)

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 Keith Howard** 4/14-03 (850) 837-1886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #