

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90038 035 ***150.00

DOCUMENT # P99000045618

1. Entity Name

O & A INSURANCE SERVICES, INC.

Principal Place of Business

1246 CUNNINGHAM CREEK DRIVE
 JACKSONVILLE FL 32259

Mailing Address

1246 CUNNINGHAM CREEK DRIVE
 JACKSONVILLE FL 32259

2. Principal Place of Business

324 West Kari Court

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 600555

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Jacksonville FL

Zip
32259

Country
USA

City & State
Jacksonville FL

Zip
32260

Country
USA

4. FEI Number

59-3575348

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

OWEN, WENDY L

1246 CUNNINGHAM CREEK DRIVE
 JACKSONVILLE FL 32259

7. Name and Address of New Registered Agent

Name
Wendy L. Owen

Street Address (P.O. Box Number is Not Acceptable)

324 West Kari Court

City
Jacksonville

FL

Zip Code
32259

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/28/02

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, 2002 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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
OWEN, ROBERT T
1246 CUNNINGHAM CREEK DRIVE
JACKSONVILLE FL 32259

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
OWEN, WENDY L
1246 CUNNINGHAM CREEK DRIVE
JACKSONVILLE FL 32259

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

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 CITY-ST-ZIP

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 CITY-ST-ZIP

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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
324 West Kari Court
Jacksonville FL 32259

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
324 West Kari Court
Jacksonville FL 32259

☒ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ 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:

[Signature]
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/02

Date

904 287 0848

Daytime Phone #

CR2E034 (9/01)