2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004814

SIGNATURE

OSTLER INTERNATIONAL, INC.

Principal Place of Business 3170 SOUTH 900 WEST SALT LAKE CITY UT 84119

Mailing Address

3170 SOUTH 900 WEST SALT LAKE CITY UT 84119-3316

2. Principal Place of Business 3. Mailing Address

FILED Mar 01, 2000 8:00 am Secretary of State

03-01-2000 90035 001 ***150.00

00029200

DATE



Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		•
City & State		City & State			4. FEI Number 87-0453814 Applied For Not Applicable	
Zip	Country	Zip	Coun	try	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		
			~	Name		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)		
PLANTA	TION FL 33324					
				City		FL Zip Code

(NOTE: Registered Agent signature required when reinstating)

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.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

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

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. SEE YEUSELEDE - DOETES PD TITLE ☐ Delete TITLE OSTLER, GARY NAME NAME OSTLER, GARY STREET ADDRESS 900 WEST 3170 SONTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SALT LAKE CITY UT 84119 ☐ Change ■ Addition TITLE ☐ Delete OSTLER, VYRON NAME 967 EMOYLE CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ALDINE UT DIRELTOR - Delete TITLE Change Addition TITLE --sones, DAIE OSTLER, DAL NAMÉ NAME 6291 STENENDONH AVE STREET ADDRESS STREET ADDRESS 6291 SHENANDO CITY-ST-ZIP SALT LAKE CITY UT 84121 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone 6