FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Mar 06, 2002 8:00 am DOCUMENT # F98000004814 Secretary of State 1. Entity Name 03-06-2002 90010 046 ***150.00 OSTLER INTERNATIONAL, INC. Principal Place of Business Mailing Address 3170 SOUTH 900 WEST 3170 SOUTH 900 WEST SALT LAKE CITY UT 84119 SALT LAKE CITY UT 84119 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 87-0453814 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD **PLANTATION FL 33324** Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PRESIDEN -CR2E034 (9/01) Change TITLE ☐ Delete TITLE ☐ Addition GREY DETLER NAME OSTLER, GARY NAME 2401 60 Summer Cis STREET ADDRESS STREET ADDRESS 900 WEST 3170 SOUTH BACTLAKE Cory, WITHAT 84109 CITY-ST-ZIP CITY-ST-ZIP SALT LAKE CITY UT 84119 ☐ Delete TITLE TITLE Change NAME NAME OSTLER. VYRON STREET ADDRESS STREET ADDRESS 967 EMOYLE CIR CITY-ST-ZIP CITY-ST-ZIP ALDINE UT TITLE TITLE Change Addition ☐ Delete NAME NAME OSTLER, DALE 3170 SOINTH POUXUEST STREET ADDRESS STREET ADDRESS 6291 SHENANDOAH AVE CITY-ST-ZIP CITY-ST-ZIP SALT LAKE CITY UT 84121 TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition 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 tryistee empowers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if