

2001 UNIFORM BUSINESS REPORT (UBR)

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

03-19-2001 90223 001 ***122.50

00284

DOCUMENT # N27681

1. Entity Name

OSO PROPERTIES, INC.

Principal Place of Business

Mailing Address

P O BOX 680748
 ORLANDO FL 32868

P O BOX 680748
 ORLANDO FL 32868

31626



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2949349

Applied For

Not Applicable

Zip

Country

Zip

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

RIVERA, DONNA SGT.
100 S. HUGHEY AVE
ORLANDO FL 32801

Name

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

City

FL

Zip Code

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

Donna Rivera, President Donna Rivera 3-6-01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: TD
 NAME: MCCLURE, GLENDA Delete
 STREET ADDRESS: 1730 SHILOH LN
 CITY-ST-ZIP: WINTER PARK FL 32789

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: PD
 NAME: RIVERA, DONNA SGT. Delete
 STREET ADDRESS: 100 S. HUGHEY AVE.
 CITY-ST-ZIP: ORLANDO FL

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: VP
 NAME: ABEL, EILEEN Delete
 STREET ADDRESS: 2307 MOHAWK TRL
 CITY-ST-ZIP: MAITLAND FL 32751

TITLE: VD Change Addition
 NAME: FERNANDEZ, ANA
 STREET ADDRESS: 513 COUNTRY CLUB DRIVE
 CITY-ST-ZIP: WINTER PARK, FL 32789

TITLE: VP Delete
 NAME: HADLEY, CAROL
 STREET ADDRESS: 120 SPRING COVE TRAIL
 CITY-ST-ZIP: ALTAMONTE SPRINGS FL

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: TD Delete
 NAME: FORTINI, SUSAN
 STREET ADDRESS: 3405 CHATSWORTH LN
 CITY-ST-ZIP: ORLANDO FL 32812

TITLE: VD Change Addition
 NAME: MEEKS, BETTY
 STREET ADDRESS: 9800 INTERNATIONAL DRIVE
 CITY-ST-ZIP: ORLANDO, FL 32819

TITLE: SD Delete
 NAME: GASSMAN, ERIC
 STREET ADDRESS: P.O. BOX 1393
 CITY-ST-ZIP: ORLANDO FL

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

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 617, 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:

Donna Rivera, President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donna Rivera 407-246-2296
 Date Daytime Phone #

CR2E037 (10/00)