

2000 UNIFORM BUSINESS REPORT (UBR)

0406173

DOCUMENT # P99000084686

1. Entity Name
OS ASSET, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 13 PM 5:51

Principal Place of Business Mailing Address
550 NORTH REO STREET #200 550 NORTH REO STREET #200
TAMPA FL 33609 TAMPA FL 33609-1036



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
2202 N. West Shore Blvd 2202 N. West Shore Blvd.
Suite, Apt. #, etc. Suite, Apt. #, etc.
5th Fl 5th Fl
City & State City & State
TAMPA FL TAMPA FL
Zip Zip Country Country
33607 33607 USA USA

4. FEI Number Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent
Name: Joseph J. Kadosh
Street Address (P.O. Box Number is Not Acceptable): 2202 N. West Shore Blvd., 5th Floor
City: Tampa, Florida 33607 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: _____ DATE: 4/6/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRAUN, KELLY 550-NORTH-REO-STREET #200 TAMPA FL 33609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2202 N. West Shore Blvd., 5th Floor Tampa, Florida 33607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition B/K 4/13
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000003213210-6 -04/24/00-01003-013 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ DATE: 4/6/00 DAYTIME PHONE #: 813/222/225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)