

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 21, 2001 8:00 am**  
**Secretary of State**

08-21-2001 90035 039 \*\*\*550.00

0121718 AT

**DOCUMENT # 143802**

1. Entity Name  
**OSCC, INC.**

Principal Place of Business  
**5127 WEST HANNA**  
**P.O. BOX 151195**  
**TAMPA FL 33684**

Mailing Address  
**5127 WEST HANNA**  
**P.O. BOX 151195**  
**TAMPA FL 33684**

2. Principal Place of Business  
**10714 Carroll Lake Dr**

3. Mailing Address  
**10714 Carroll Lake Dr**

Suite, Apt. #, etc.

City & State  
**Tampa FL**

City & State  
**Tampa, FL**

Zip  
**33618**

Country

4. FEI Number **59-0535926**

Applied For  
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**ROYSTER, RAYMOND H.**  
**10714 CARROLL LAKE DR.**  
**TAMPA FL 33618**

7. Name and Address of New Registered Agent

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 *Raymond H. Royster* **Raymond H. Royster - Pres.** **8-13-01**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	<b>CMP</b> <b>ROYSTER, RAYMOND H</b> <b>10714 CARROLL LAKE DR</b> <b>TAMPA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DURHAM, WILLIAM F., JR.</b> <b>2517 SHREWSBURY RD.</b> <b>ORLANDO FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>ANDERSON, ALICE C</b> <b>10608 COQUITA LANE</b> <b>TAMPA FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DURHAM, ERNESTINE R</b> <b>2517 SHREWSBURY RD</b> <b>ORLANDO FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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, will or other like empowered.

SIGNATURE: *Raymond H. Royster* **Raymond H. Royster** **8-13-01** **813 6904272**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (5/01)