

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 07, 2002 8:00 am**  
**Secretary of State**

08-07-2002 90197 001 \*\*\*150.00

**DOCUMENT # 344949**

1. Entity Name  
**OSPREY, INC.**

Principal Place of Business

1441 SW 30 AVE #12  
POMPANO BEACH FL 33067  
US

Mailing Address

1441 SW 30 AVE #12  
POMPANO BEACH FL 33067  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1360757**

Applied For

Not Applicable

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

**CRANMORE, R.**  
**274 NW 133RD RD.**  
**FT LAUDERDALE FL 33325**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 13, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD**  
**CRANMORE, ROBERT**  
**274 NW 133RD**  
**FT. LAUDERDALE FL**

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DT**  
**CRANMORE, DOROTHY E.**  
**274 NW 133RD**  
**FT LAUDERDALE FL**

☐ Delete

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

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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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

**AAT**

*Attachment Doc. # 344949*  
**ARIE A. TAYKAN & COMPANY**  
CERTIFIED PUBLIC ACCOUNTANTS

7880 N. UNIVERSITY DRIVE #201

TAMARAC, FLORIDA 33321

TEL: (954) 722-9250

FAX: (954) 726-6715

email: [taykan@aol.com](mailto:taykan@aol.com)

August 6, 2002

Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

Re: Osprey, Inc.  
Document #344949

Dear Sir or Madam:

Enclosed is the 2002 Uniform Business Report for the above-mentioned taxpayer, along with a check in the amount of \$150.00.

Taxpayer did not receive this report on time to file by the May 1<sup>st</sup> deadline and requests that you accept this report and payment as timely filed.

Taxpayer has always filed their reports on time and should not be penalized, since he did not receive it in a timely manner.

Should you have any questions, please do not hesitate to contact my office.

Sincerely,

*Arie A. Taykan + Company*

Arie A. Taykan, CPA

AAT/jm

Enc.