

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 604580

1. Entity Name

HOWARD C. OSTERMAN, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90161 050 ***150.00

Principal Place of Business

Mailing Address

54 WOODS LANE
SUITE 211
BOYNTON BCH. FL 33436
US

4691 N. UNIVERSITY DR.
STE. #396
CORAL SPRINGS FL 33067-4620
US

2. Principal Place of Business

54 WOODS LANE

3. Mailing Address

4630 N. UNIVERSITY DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB 396

City & State

BOYNTON BEACH, FL

City & State

CORAL SPRINGS, FL

Zip

33436

Country

USA

Zip

33067

Country

USA

4. FEI Number

59-1478734

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

OSTERMAN, HOWARD C.
54 WOODS LANE
~~SUITE 211~~
BOYNTON BCH. FL 33436

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

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. ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PSD**
STREET ADDRESS **OSTERMAN, HOWARD**
CITY-ST-ZIP **54 WOODS LANE**
BOYNTON BCH. FL 33436

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 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:

HOWARD C. OSTERMAN, PRESIDENT.
Howard C. Osterman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/12/00 **954-340-3036**