

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G21896

1. Entity Name

O'STEEN'S INDEPENDENT SALES, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90061 004 ***150.00

Principal Place of Business Mailing Address
6939 OKEECHOBEE RD 8792 LONESOME PINE TR
FT. PIERCE FL 34945 FT. PIERCE FL 34945-3112
US

00004347



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-2413208** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent --

O'STEEN, HOWARD L. JR.
8832 LONSOME PINE TR.
FT. PIERCE FL 34945

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 _____
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 \$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 | PTD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | O'STEEN, SIBYL H. | | NAME | | |
| STREET ADDRESS | 8792 LONESOME PINE TR. | | STREET ADDRESS | | |
| CITY-ST-ZIP | FT. PIERCE FL | | CITY-ST-ZIP | | |
| TITLE | VSD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | O'STEEN, HOWARD L. JR. | | NAME | | |
| STREET ADDRESS | 8832 LONESOME PINE TR. | | STREET ADDRESS | | |
| CITY-ST-ZIP | FT. PIERCE FL | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | | | NAME | | |
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| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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 L. O'Steen Jr. 1-4-00 521-466-6939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #