


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91779 026 \*\*\*158.75

DOCUMENT # <b>F85238</b>	
1. Entity Name <b>O+H Development of Osceola, Inc.</b>	

**DO NOT WRITE IN THIS SPACE**

**11041225**

2. Principal Place of Business <b>1524 N. John Young Pkwy.</b> Suite, Apt. #, etc.	3. Mailing Address <b>1524 N. John Young Pkwy.</b> Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State <b>Kissimmee Florida</b>	City & State <b>Kissimmee Florida</b>	4. FEI Number <b>59-2401612</b>	Applied For Not Applicable
Zip <b>34741</b>	Country <b>USA</b>	Zip <b>34741</b>	Country <b>USA</b>
		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name <b>Thomas D. Howat Jr.</b>
Street Address (P.O. Box Number is Not Acceptable) <b>1524 N. John Young Pkwy.</b>
City <b>Kissimmee</b> <b>FL</b> Zip Code <b>34741</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE <b>President</b>	NAME <b>Thomas D. Howat Jr.</b>	TITLE <b>VP</b>	NAME <b>Thomas D. Howat Jr.</b>	TITLE <b>Secretary</b>	NAME <b>Thomas D. Howat Jr.</b>	TITLE <b>Treasurer</b>	NAME <b>Thomas D. Howat Jr.</b>	TITLE <b>DO NOT WRITE IN THIS SPACE</b>	NAME <b>DO NOT WRITE IN THIS SPACE</b>
STREET ADDRESS <b>6343 Piney Glen Ln.</b>	STREET ADDRESS <b>6343 Piney Glen Ln.</b>	STREET ADDRESS <b>6343 Piney Glen Ln.</b>	STREET ADDRESS <b>6343 Piney Glen Ln.</b>	STREET ADDRESS <b>6343 Piney Glen Ln.</b>	STREET ADDRESS <b>6343 Piney Glen Ln.</b>	STREET ADDRESS <b>6343 Piney Glen Ln.</b>	STREET ADDRESS <b>6343 Piney Glen Ln.</b>	STREET ADDRESS <b>DO NOT WRITE IN THIS SPACE</b>	STREET ADDRESS <b>DO NOT WRITE IN THIS SPACE</b>
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TITLE <b>VP</b>	NAME <b>Thomas D. Howat Jr.</b>	TITLE <b>Secretary</b>	NAME <b>Thomas D. Howat Jr.</b>	TITLE <b>Treasurer</b>	NAME <b>Thomas D. Howat Jr.</b>	TITLE <b>DO NOT WRITE IN THIS SPACE</b>	NAME <b>DO NOT WRITE IN THIS SPACE</b>	TITLE <b>DO NOT WRITE IN THIS SPACE</b>	NAME <b>DO NOT WRITE IN THIS SPACE</b>
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12. 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 10 or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Thomas D. Howat Jr.**

**4-30-03 4078466906**

CR2E034B (12/02)