FILED
Apr 10, 2002 8:00 am
Secretary of State
04-10-2002 90447 010 ***158.75

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H78107

1. Entity Name

OSLO RIDGE, INC.

DO NOT WRITE IN THIS SPACE

B0064292

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2. Principal Place of Business	3. Mailing Address
1212 CHEROKEE CT	1212 CHEROKEE CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: KISSIMMEE, FL	City & State: KISSIMMEE, FL
Zip: 34744 Country: USA	Zip: 34744 Country: USA

4. FEI Number: 59-2585252 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: CHARLOTTE S LAWHON

Street Address (P.O. Box Number is Not Acceptable): 1212 CHEROKEE CT.

City: KISSIMMEE FL Zip Code: 34744

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	PD
NAME	LAWHON, CHARLOTTE
STREET ADDRESS	1212 CHEROKEE CT
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	VPD
NAME	EDENFIELD,ROBERT A.
STREET ADDRESS	2595 E 1st St.
CITY-ST-ZIP	FT. MEYERS, FL 33901
TITLE	D
NAME	EDENFIELD, CHARLES L.
STREET ADDRESS	14146 STOKESMOUNT
CITY-ST-ZIP	HOUSTON, TX 77077
TITLE	STD
NAME	FORD, PATRICIA A.
STREET ADDRESS	1212 CHEROKEE CT
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Charlotte S Lawhon 4/2/02 (407)933-1662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Charlotte S. Lawhon