FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2005 8:00 am
Secretary of State
02-15-2005 90019 016 ***150.00

DOCUMENT # H78107

1. Entity Name

OSLO RIDGE, INC.

DO NOT WRITE IN THIS SPACE

40018617

2. Principal Place of Business	3. Mailing Address
1212 Cherokee Court	1212 Cherokee Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Kissimmee, Fl.	Kissimmee, Fl.
City & State	City & State
Zip 34744 Country USA	Zip 34744 Country USA

DO NOT WRITE IN THIS SPACE

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: Patricia A. Ford

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

1212 Cherokee Court

City: Kissimmee 34744 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE
(Signature, typed or printed name of Registered Agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Patricia A. Ford 1212 Cherokee Ct,. Kissimmee, Fla. 34744
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/T Gloria A. Ford 1212 Cherokee Ct,. Kissimmee, Fla. 34744
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/S Charlotte S. Lawhon 1212 Cherokee Ct,. Kissimmee, Fla. 34744
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

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CR2E034B (12/02)

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: Patricia A. Ford 02/08/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date