

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90115 001 ***300.00

DOCUMENT # K59415

1. Entity Name
OSHCO, INC.

Principal Place of Business
**5761 WEST 12TH STREET
 JACKSONVILLE FL 32254
 US**

Mailing Address
**160 CLAIREMONT AVE
 DECATUR GA 30030
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

38-2853268

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

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	P	GROSS, JACK	160 CLAIREMONT AVE, STE 410 DECATUR GA 30030				
	<input type="checkbox"/> Delete						
	VP	FLEMING, ROBERT M	160 CLAIREMONT AVE, SUITE 410 DECATUR GA 30030				
	<input type="checkbox"/> Delete						
	S	MATHESON, ROBERT C	160 CLAIREMONT AVE, STE 410 DECATUR GA 30030				
	<input type="checkbox"/> Delete						
	T	FORBES, DAVID S	160 CLAIREMONT AVE, SUITE 410 DECATUR GA 30030				
	<input type="checkbox"/> Delete						
	VP	WEAVER, STANLEY	160 CLAIREMONT AVE., SUITE 410 DECATUR GA 30030				
	<input checked="" type="checkbox"/> Delete						
	<input type="checkbox"/> Delete						
					Assistant Secretary Schmidt, Melissa	160 Clairemont Ave. Decatur GA 30030	
							<input checked="" type="checkbox"/> Addition

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: *Melissa Schmidt*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/2002
 Date

404-370-4305
 Daytime Phone #

CR2E034 (9/01)