

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L56530**

1. Entity Name
OSTERHOUT & MCKINNEY, P.A.

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90084 012 ***150.00

Principal Place of Business
10175 SIX MILE CYPRESS PKWY
4
FT MYERS FL 33912
US

Mailing Address
10175 6 MILE CYPRESS PKWY
SUITE 4
FT MYERS FL 33912
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3783 Seago Lane
Suite, Apt. #, etc.

3. Mailing Address
3783 Seago Lane
Suite, Apt. #, etc.

City & State
Ft. Myers, Fl.

City & State
Ft. Myers, Fl.

4. FEI Number
65-0170582

Applied For
☐ Not Applicable

Zip
33901-8113

Country
USA

Zip
33901-8113

Country
USA

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

OSTERHOUT, JULIE
10175-4 SIX MILE CYPRESS PARKWAY
FT MYERS FL 33912

Name
Julie Osterhout

Street Address (P.O. Box Number is Not Acceptable)
3783 Seago Lane

City
Ft. Myers

FL

Zip Code
33901-8113

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 *Julie Osterhout* **1-07-02**

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	PST OSTERHOUT, JULIE 10175-4 SIX MILE CYPRESS PARKWAY FORT MYERS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSTERHOUT, JULIE 10175-4 SIX MILE CYPRESS PARKWAY FT MYERS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Julie Osterhout 3783 Seago Lane Ft. Myers, Fl. 33901-8113	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Julie Osterhout 3783 Seago Lane Ft. Myers, Fl. 33901-8113	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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: *Julie Osterhout* **1-7-02** **941-939-4888**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

NOTES: 1 AV

CR2E034 (9/01)