2000 UNIFORM BUŠÍNESS REPORT (UBR)

FILED Apr 03, 2000 8:00 am Secretary of State DOCUMENT # L79284 1. Entity Name OSSCA INTERNATIONAL, INC. 04-03-2000 90161 013 ***150.00 Principal Place of Business Mailing Address 16011 GLEN HAVEN DRIVE 16011 GLEN HAVEN DR TAMPA FL 33618-1650 TAMPA FL 33618 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3014486 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Pee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name AMUSO, PHILIP T. Street Address (P.O. Box Number is Not Acceptable) 16011 GLEN HAVEN DRIVE **TAMPA FL 33618** 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. DP ☐ Addition Change ☐ Delete TITLE TITLE FRANKEL, JACK W. NAME NAME 730-126TH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TREASURE ISLAND FL CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE AMUSO, PHILIP T. NAME NAME STREET ADDRESS 16011 GLEN HAVEN DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete 1111 F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE

13. Thereby certify that the information supplied with this filling 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 it 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.

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP