

FILED
Jul 02, 2002 8:00 am
Secretary of State

07-02-2002 90806 038 ***550.00

FOR PROFIT CORPORATION
2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M14493

1. Entity Name

O.S.W., Inc.

118863

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1099 NE 18 Avenue

Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 901465

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Homestead, FL

Zip
33033

Country
USA

City & State
Homestead, FL

Zip
33090

Country
USA

4. FEI Number
59-2523142

Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
R.E. Odom

Street Address (P.O. Box Number is Not Acceptable)
1099 N.E. 18 Avenue

City Homestead **FL** **Zip Code** 33033

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)

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
NAME P
STREET ADDRESS R.E. Odom
CITY-ST-ZIP 1099 NE 18 Avenue
Homestead, FL 33033

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: *R.E. Odom*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

✓ 10-20-02 ✓ 305-948-3307
Date Daytime Phone #

CR2E034B (12/01)