

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM****Secretary of State****DOCUMENT # N96000000047**1. Entity Name
OSCEOLA BUSINESS EXCHANGE, INC.

Principal Place of Business	Mailing Address
104 N CHURCH ST	104 N CHURCH ST
KISSIMMEE FL 34741 US	KISSIMMEE FL 34741 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number 59-3398676	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent**BRIAN M MARK
104 N CHURCH STKISSIMMEE FL
34741 US

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 _____ DATE **04/30/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAUDER WILLIAM			NAME	SNYDER WILLIAM		
STREET ADDRESS	59 DOYSET DR			STREET ADDRESS	PO BOX 420221		
CITY-ST-ZIP	KISSIMMEE FL 34758			CITY-ST-ZIP	KISSIMMEE FL 34742		
TITLE	TD	<input type="checkbox"/> Delete		TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ELKINS GREG			NAME	PITMAN EDWIN D		
STREET ADDRESS	12319 S.O.B.T. #288			STREET ADDRESS	1140 E. DONEGAN AVE.		
CITY-ST-ZIP	ORLANDO FL 32837			CITY-ST-ZIP	KISSIMMEE FL 34744		
TITLE	SD	<input type="checkbox"/> Delete		TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STARR DORIS			NAME	STARR DORIS		
STREET ADDRESS	3618 MESQUITE PLACE			STREET ADDRESS	1310 S. LYNELLE DR.		
CITY-ST-ZIP	KISSIMMEE FL 34741			CITY-ST-ZIP	KISSIMMEE FL 34741		
TITLE	PD	<input type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STARR RICHARD			NAME	WILSON BRUCE		
STREET ADDRESS	2518 MESQUITE PLACE			STREET ADDRESS	100 N. STEWART AVE.		
CITY-ST-ZIP	KISSIMMEE FL 34741			CITY-ST-ZIP	KISSIMMEE FL 34741		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWIN D. PITMAN TD 04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____

CR2E037 (11/00)