

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 20, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000015908**1. Entity Name
OSPREY ELECTRIC, INC.

Principal Place of Business

RT 4 BOX 8555, COUNTY RD 121

HILLIARD
32046

FL

Mailing Address

PO BOX 1351

HILLIARD
32046

FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3617625

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WHITTLE JEAN
RT 4 BOX 8555, COUNTY RD 121HILLIARD
32046

FL

7. Name and Address of New Registered Agent

Name

WHITTLE PATRICIA J

Street Address (P.O. Box Number is Not Acceptable)
RT 4 BOX 8555, COUNTY RD 121City
HILLIARD

FL

Zip Code
32046

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 **PATRICIA JEAN WHITTLE****02/20/2001**

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, 2001 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 WHITTLE EUGENE ☐ Delete
STREET ADDRESS PO BOX 65
CITY-ST-ZIP HILLIARD FL 32046TITLE
NAME WHITTLE EUGENE V ☒ Change ☐ Addition
STREET ADDRESS PO BOX 65
CITY-ST-ZIP HILLIARD FL 32046TITLE
NAME VSD WHITTLE JEAN ☐ Delete
STREET ADDRESS PO BOX 1351
CITY-ST-ZIP HILLIARD FL 32046TITLE
NAME VSD WHITTLE PATRICIA J ☒ Change ☐ Addition
STREET ADDRESS PO BOX 1351
CITY-ST-ZIP HILLIARD FL 32046TITLE
NAME PD WHITTLE FRANK ☐ Delete
STREET ADDRESS PO BOX 1351
CITY-ST-ZIP HILLIARD FL 32046TITLE
NAME PD WHITTLE FRANK S ☒ Change ☐ Addition
STREET ADDRESS PO BOX 1351
CITY-ST-ZIP HILLIARD FL 32046TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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: **Frank Strauss Whittle**

PD

02/20/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)