

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000063546

1. Entity Name:

OSPREY DEVELOPMENT AND MANAGEMENT SERVICES, INC.

FILED
Jun 07, 2001 8:00 am
Secretary of State

06-07-2001 90003 021 ***550.00

661280



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1710 NW 24TH PL.
 CAPE CORAL FL

1710 NW 24TH PL.
 CAPE CORAL FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1032777

Applied For

Not Applicable

Zip

Country

Zip

Country

33993

33993

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

TEETER, LORI L
 1710 NW 24TH PL.
 CAPE CORAL FL

Name

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

City

FL

Zip Code

33993

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 re-stating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!
After MAY 1, 2001
Make Check Payable to Department of State

FEE IS \$150.00

Fee will be \$550.00

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 PSD ☐ Delete
 NAME TEETER, CHARLES
 STREET ADDRESS 1710 NW 24TH PL.
 CITY-ST-ZIP CAPE CORAL FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VTD ☐ Delete
 NAME TEETER, LORI L
 STREET ADDRESS 1710 NW 24TH PL.
 CITY-ST-ZIP CAPE CORAL FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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 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:

Lori L. Teeter - LORI L. TEETER

6-5-01 941-283-9646

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)