2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000093073 **DOCUMENT #**

1. Entity Name
OSMON INVESTMENTS INC



FILED Jan 23, 2003 8:00 am Secretary of State

01-23-2003 90223 036 ***150.00

OSIVIOIA IIAVESTIVIEIATS, IIAO.					}			
Principal Place of Business 518 SUSAN DR LAKELAND FL 33803		Mailing Address PO BOX 2112 LAKELAND FL 33816		٠	•			
2. Principal F	Place of Business	3. Mailing Address			! !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!	I BBİR BARR BBIR İRI	Pa High Ba nd .	1888 (5) (1 38)
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & Sta	te	City & State			4. FE! Number 59-36956	33	→	plied For at Applicable
Zip	Country	Country Zip Cour		otry	5. Certificate of Status Desired S8.75 Additional Fee Required			fitional
	6. Name and Address of Current	Registered Agent			7. Name and Address of Ne	w Registered Aç	ent	
BAYT, PHILLIP E				Name				
	SPHATE BOULEVARD			Street Address (F	P.O. Box Number is Not Acceptable)			
MULBERRY FL 33860								
				City		FL	Zip Cod	e
8. The above	e named entity submits this statement for tions of registered agent.	the purpose of changing	ng its registere	ed office or register	ed agent, or both, in the State of	Florida. I am fai	miliar with,	and accept
CICNATURE		•						j
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable.	(NOTE: Registere	d Agent signature required	when reinstating)	DATE		
FILE NOW!!! FEE IS \$150.00					9. Election Campaign	Financina		
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					Trust Fund Contribu			May Be to Fees
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO C	OFFICERS AND D	IRECTORS	3 IN 11
TITLE	D COMON CURIC	☐ Delete	TITLE	l		{	Change	☐ Addition
NAME STREET ADDRESS	OSMON, CHRIS 518 SUSAN DR		NAM STRE	E ET ADDRESS		_		
CITY-ST-ZIP	LAKELAND FL 33803			-ST-ZIP				
TITLE	D	☐ Delete	TITLE				Change	☐ Addition
NAME	OSMON, STACEY		NAMI					
STREET ADDRESS CITY-ST-ZIP	518 SUSAN DR LAKELAND FL 33803			ET ADDRESS -ST-ZIP				}
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STREET ADDRESS			STREE	ET ADDRESS				ļ
CITY-ST-ZIP			CITY-	-ST-ZIP				1

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: