

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90074 037 \*\*\*150.00

0308105 AV

DOCUMENT # P01000023789

1. Entity Name

OISTER CONSULTING INC.

Principal Place of Business

3020 N. FEDERAL HWY.,  
 SUITE 11 B  
 FT. LAUDERDALE FL 33306

Mailing Address

3020 N. FEDERAL HWY.,  
 SUITE 11 B  
 FT. LAUDERDALE FL 33306



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Ann Oister

Suite, Apt. #, etc.

3115 Leeds Ct #101

City &amp; State

Palm Harbor FL

Zip

34685

Country

USA

3. Mailing Address

Ann Oister

Suite, Apt. #, etc.

3115 Leeds Ct #101

City &amp; State

Palm Harbor FL

Zip

34685

Country

USA

4. FEI Number

65-1083406

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

OSITER, ANN

3020 N. FEDERAL HWY.,

SUITE 11 B

FT. LAUDERDALE FL 33306

7. Name and Address of New Registered Agent

Name

ANN OISTER

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

3115 Leeds Ct #101

City

Palm Harbor

FL

Zip Code

34685

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

Ann Oister

ANN OISTER

2/12/02

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, 2002 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

TITLE D  
 NAME OSITER, ANN  
 STREET ADDRESS 3020 N. FEDERAL HWY., SUITE 11 B  
 CITY-ST-ZIP FT. LAUDERDALE FL 33306 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
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 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ANN OISTER ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 3115 Leeds Ct #101  
 CITY-ST-ZIP Palm Harbor FL 34685

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

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

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

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

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

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:

Ann Oister

2/12/02

727-781-4193

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)