

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

Mailing Address

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

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



2. Principal Place of Business

3. Mailing Address

**Ann Oister**  
 Suite, Apt. #, etc.  
**3115 Leeds Ct #101**

**Ann Oister**  
 Suite, Apt. #, etc.  
**3115 Leeds Ct #101**

City & State  
**Palm Harbor FL**

City & State  
**Palm Harbor FL**

Zip Country  
**34685 USA**

Zip Country  
**34685 USA**

4. FEI Number **65-1083406** 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

7. Name and Address of New Registered Agent

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D OSITER, ANN 3020 N. FEDERAL HWY., SUITE 11 B FT. LAUDERDALE FL 33306</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ANN OISTER 3115 Leeds Ct #101 Palm Harbor FL 34685</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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* **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)