

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90150 012 ***150.00

DOCUMENT # P01000046058

1. Entity Name
KARYN L. OSS, R.D., P.A.

Principal Place of Business

**6941 HUNTERS ROAD
 NAPLES FL 34109**

Mailing Address

**6941 HUNTERS ROAD
 NAPLES FL 34109**

2. Principal Place of Business

2430 17th Ave S.W

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34117

Country

3. Mailing Address

2430 17th Ave S.W

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34117

Country

4. FEI Number

X 59-3714378

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MOORE, MICHAEL G
 6941 HUNTERS ROAD
 NAPLES FL 34109**

7. Name and Address of New Registered Agent

Name

Michael G. Moore

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

1730 Keane Ave. SW

City

Naples

FL

Zip Code

34117

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 fee 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 Pres., Director ☐ Delete
NAME Karyn L. Oss
STREET ADDRESS 2430 17th Ave S.W
CITY-ST-ZIP Naples, FL 34117

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P., D. ☐ Change ☒ Addition
NAME Karyn L. Oss
STREET ADDRESS 2430 17th Ave S.W
CITY-ST-ZIP Naples, FL 34117

TITLE ☐ Change ☐ Addition
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 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: Karyn Oss
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-02

(941) 825 9516

Date

Daytime Phone #

CR2E034 (9/01)