

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**  
05-05-2003 91411 038 \*\*\*150.00

DOCUMENT # **PO1000063369**

1. Entity Name

**Osceola Executive Group, Inc.**



**DO NOT WRITE IN THIS SPACE**

**20041262**

2. Principal Place of Business

**241 East Ruby Avenue**

3. Mailing Address

**241 East Ruby Ave.**

Suite, Apt. #, etc.

**Suite A**

Suite, Apt. #, etc.

**Suite A**

City & State

**Kissimmee, FL**

City & State

**Kissimmee, FL**

4. FEI Number

**59-3728074**

Applied For

☐ Not Applicable

Zip

**34741**

Country

**USA**

Zip

**34741**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

**Franklin G. Gay, III**

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

**241 E. Ruby Ave**

**Suite A**

City

**Kissimmee**

**FL**

Zip Code

**34741**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature (Typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

January 1, May 1 Fee is \$160.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

**PTD - Franklin G. Gay, III**  
**241 E. Ruby Avenue**  
**Kissimmee, FL 34741**

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Frank G. Gay, III - President - Owner**

Date

Signature Number

**4/30/03**

(407) 897-0377