

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2003 8:00 am
Secretary of State

08-21-2003 90112 038 ***150.00

0130264 AT

DOCUMENT # P01000086943

1. Entity Name

OWNER SELLING NETWORK, INC.



Principal Place of Business

**4201 N FEDERAL HWY
POMPANO BCH FL 33064**

Mailing Address

**P.O. BOX 50493
LIGHTHOUSE POINT FL 33074**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1154026**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ROY, DAVID R
4209 N FEDERAL HWY
POMPANO BCH FL 33064**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PTS MAURO, JOSEPH G**
STREET ADDRESS **701 NORTH RIVERSIDE DRIVE, #502**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

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

TITLE ☐ Delete
NAME **MAURO, JOSEPH G**
STREET ADDRESS **1155 HILLSBORO MILK**
CITY-ST-ZIP **HILLSBORO BEACH FL**

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

TITLE ☐ Delete
NAME **MAURO, JOSEPH G**
STREET ADDRESS **1155 HILLSBORO MILK**
CITY-ST-ZIP **HILLSBORO BEACH FL 33062**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment
Doc # PO1000086943
80139711

To whom it may concern,

I never rec'd 1st Notice - and
Someone at your office said it came
back to you undelivered -

She mentioned to send in
the 150th Make changes Necessary

So as Not to involve this
Corp. Please Waive 400th Late Fee

Thank You

Joseph G. MAURO

Garner Selling Network

8/19/03