04-29-2002 90027 029 \*\*\*150 00

## P01000105192 DOCUMENT # 1. Entity Name

OS CAPITAL, INC.

Principal Place of Business

Mailing Address

1180 CELEBRATION BOULEVARD

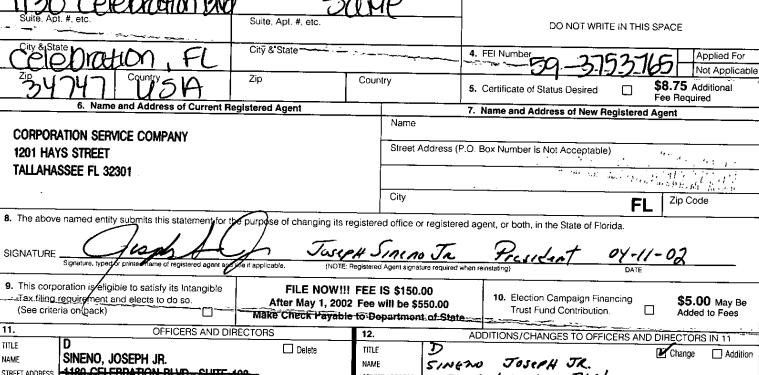
Principal Place of Business

SUITE 108 **CELEBRATION FL 34747**  1180 CELEBRATION BOULEVARD

SUITE 108

**CELEBRATION FL 34747** 

3. Mailing Address



TITLE CR2E034 (9/01) NAME 1180 CELEBRATION BLVD., SUITE 108 STREET ADDRESS STREET ADDRESS 1130 Celebration BIVY. **CELEBRATION FL 34747** CITY-ST-ZIP CITY-ST-ZIP Celebration FG 34747 TIT) F ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP JIFLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby 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 truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if dress, with all other like empowered.

SIGNATURE: