

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

01-17-2003 90037 024 ***158.75

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1. Entity Name
OSI INTERNATIONAL, INC.



Principal Place of Business
**2202 NORTH WESTSHORE BLVD., 5TH FLOOR
TAMPA FL 33607**

Mailing Address
**2202 NORTH WESTSHORE BLVD., 5TH FLOOR
TAMPA FL 33607**

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

02-0591579

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KADOW, JOSEPH J
2202 NORTH WESTSHORE BLVD., 5TH FLOOR
TAMPA FL 33607**

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 \$150.00
After May 1, 2003 Fee will be \$550.00
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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	D			<input type="checkbox"/>
	KADOW, JOSEPH J	2202 NORTH WESTSHORE BLVD., 5TH FLOOR	TAMPA FL 33607	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	V, S			<input checked="" type="checkbox"/>	<input type="checkbox"/>
	Kadow, Joseph J.	2202 N. Westshore Blvd 5th FL	Tampa FL 33607	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	D, CEO			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Sullivan, Chris T.	2202 N. Westshore Blvd 5th FL	Tampa FL 33607	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	D			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Rasham, Robert D.	2202 N. Westshore Blvd 5th FL	Tampa FL 33607	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	D, P			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Coble, Michael W.	2202 N. Westshore Blvd 5th FL	Tampa FL 33607	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	D, V, AS			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Merritt, Robert S.	2202 N. Westshore Blvd 5th FL	Tampa FL 33607	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	CFO			<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Walthers, Greg	2202 N. Westshore Blvd 5th FL	Tampa FL 33607	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 life empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph J. Kadow

Date

1/9/03 (813) 282-1225

Daytime Phone #

CR2E034 (10/02)