

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90039 026 ***150.00

DOCUMENT # P18899
1. Entity Name
 O'SAN PRODUCTS, INC.

Principal Place of Business 20 INDUSTRIAL BLVD.
 CAMILLA, GA 31730
Mailing Address 20 INDUSTRIAL BLVD.
 CAMILLA, GA 31730

2. Principal Place of Business
 Suite, Apt. #, etc.
3. Mailing Address
 P O BOX 468
 Suite, Apt. #, etc.
City & State CAMILLA, GA 31730
Zip 31730
Country

4. FEI Number 58-1751669
Applied For
 Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

80085196

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324

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.

SIGNATURE _____ (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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	TRUITT, HOWARD O.	
STREET ADDRESS	ROUTE 4, BOX 36	
CITY-ST-ZIP	CAMILLA, GA 31730	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHIVER, ERNIE	
STREET ADDRESS	RT 2 BOX 118B	
CITY-ST-ZIP	PELHAM, GA 31779	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICE, DWYANE	
STREET ADDRESS	601 HEARTWOOD LANE	
CITY-ST-ZIP	ALBANY, GA 31705	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GILLIARD, DONALD	
STREET ADDRESS	4916 STRAWBERRY ROAD	
CITY-ST-ZIP	PELHAM, GA 31779	
TITLE	D	<input type="checkbox"/> Delete
NAME	WIMBERLY, WILLIE B.	
STREET ADDRESS	ROUTE 3, BOX 298	
CITY-ST-ZIP	CAMILLA, GA 31730	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUITT, HOWARD O.	
STREET ADDRESS	4828 DANIE ROAD	
CITY-ST-ZIP	CAMILLA, GA 31730	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIVER, ERNIE	
STREET ADDRESS	1461 OLD NEWTON ROAD	
CITY-ST-ZIP	PELHAM, GA 31779	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIMBERLY, WILLIE B.	
STREET ADDRESS	7620 HIWAY 37 WEST	
CITY-ST-ZIP	CAMILLA, GA 31730	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:  **Howard O. Truitt** **4-25-2000** **912-336-0387**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)