

**FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**  
03-02-2001 90112 027 \*\*\*150.00

1. Entity Name  
**OSPREY METAL TRADING, INC.**

Principal Place of Business	Mailing Address
P.O. BOX 436	P.O. BOX 436
OSPREY FL 34229	OSPREY FL 34229

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent

FOSTER, RICHARD E  
439 PICASSO DR  
NOKOMIS FL 34275

4. FEI Number <b>65-0391445</b>	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

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

City

FL	Zip Code
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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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(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, 2001 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	D	<input type="checkbox"/> Delete
NAME	FOSTER, RICHARD E	
STREET ADDRESS	439 PICASSO DR	
CITY - ST - ZIP	NOKOMIS FL 34275	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: R. F. Foster R. F. FOSTER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/01  
Date

941 926-7488  
Daytime Phone #

CR2E034 (10/00)