

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2003 8:00 am
Secretary of State

08-08-2003 90092 011 ***550.00

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DOCUMENT # P93000056549

1. Entity Name

OSCEOLA MANAGEMENT AND CONSULTING, INC.



Principal Place of Business

**1421 S LYNNDELL DRIVE
KISSIMMEE FL 32741**

Mailing Address

**1421 S LYNNDELL DRIVE
KISSIMMEE FL 32741**

2. Principal Place of Business

215 Celebration Place

3. Mailing Address

820 Spring Park Loop

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 190

City & State

Celebration, FL

City & State

Celebration, FL

Zip

Country

Zip

Country

34747

OSCEOLA

34747

OSCEOLA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3261729

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MURPHY, JAMES J

**1400 ZACHARY RIDGE CT 215 Celebration Place
KISSIMMEE FL 34747**

**Suite 190
Celebration, FL 34747**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
MURPHY, JAMES J
1421 S LYNNDELL DRIVE
KISSIMMEE FL 34211**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**President
James J Murphy
820 Spring Park Loop
Celebration, FL 34747**

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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 #

James J Murphy President

CR2E034 (4/03)