2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000071980

1. Entity Name

S.I. OF OSCEOLA, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State
01-18-2000 90073 041 ***150.00

Principal Place of Business	Mailing Address
4798 WREN DRIVE ST. CLOUD FL	P O BOX 701336 ST. CLOUD FL 34770-1336 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
4480 Packard Ave. South			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: St. Cloud FL		City & State	
Zip: 34772	Country: U.S	Zip	Country

4. FEI Number 59-3201182 ☐ 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
SEGLER, THOMAS A 4798 WREN DRIVE ST. CLOUD FL	Name: Same Street Address (P.O. Box Number is Not Acceptable): 4480 Packard Ave. South City: St. Cloud **FL** Zip Code: 34772

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] Thomas A. Segler Vice-President 1-6-2000
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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE	Vice President	☑ Change ☐ Addition
NAME	SEGLER, THOMAS A		NAME	Segler, Thomas A.	
STREET ADDRESS	4798 WREN DRIVE		STREET ADDRESS	4480 Packard Ave. South	
CITY-ST-ZIP	ST. CLOUD FL 34772		CITY-ST-ZIP	St. Cloud, FL 34772	
TITLE	D	☐ Delete	TITLE	President	☑ Change ☐ Addition
NAME	SEGLER, DEBORAH H		NAME	Segler, Deborah H.	
STREET ADDRESS	4798 WREN DRIVE		STREET ADDRESS	4480 Packard Ave. South	
CITY-ST-ZIP	ST. CLOUD FL 34772		CITY-ST-ZIP	St. Cloud, FL 34772	
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		
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. *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: [signature] Deborah H. Segler 1-6-2000 407-957-3478
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #