

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P94 000092580

1. Entity Name

OSCEOLA BUSINESS MANAGERS INC

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90011 003 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5260 WILKINSON BLVD

Suite, Apt. #, etc.

SUITE 118

City & State

MIAMI FL

Zip

33146

Country

3. Mailing Address

5260 WILKINSON BLVD

Suite, Apt. #, etc.

SUITE 118

City & State

MIAMI FL

Zip

33146

Country

4. FEI Number

59-3286332

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

WRIGHT MALCOLM

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

2701 SPIVET LANE

City

ORLANDO

FL

Zip Code

32837

**DO NOT WRITE
IN THIS SPACE**

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.

PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

4/30/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	PD MALCOLM WRIGHT 2701 SPIVET LANE ORLANDO FL 32837	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BILLIAM WRIGHT 2701 SPIVET LANE ORLANDO FL 32837	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DOUGLAS MOORE 2701 SPIVET LANE ORLANDO FL 32837	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other filers empowered.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

4/30/02 407-421-6660

Daytime Phone #