

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90675 001 *2,850.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P94000092580		
1. Entity Name OSCEOLA BUSINESS MANAGERS, INC.		
Principal Place of Business 5260 W. IRLO BRONSON HWY SUITE 118 KISSIMMEE, FL 34746 US		Mailing Address 5260 W. IRLO BRONSON HWY SUITE 118 KISSIMMEE, FL 34746 US
2. Principal Place of Business 2701 SPIVEY LANE Suite, Apt. #, etc.		3. Mailing Address 2701 SPIVEY LANE Suite, Apt. #, etc.
City & State ORLANDO, FL		City & State ORLANDO, FL
Zip 32837	Country USA	Zip 32837
4. FEI Number 59-3286332		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent WRIGHT, MALCOLM 2701 SPIVEY LANE ORLANDO, FL 32837		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  PRESIDENT		DATE 4-21-03
FILE NOW WITH FEE IS \$150.00 After May 1, 2003 Fee will be \$650.00 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WRIGHT, MALCOLM J 2701 SPIVEY LANE ORLANDO, FL 32837 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD WRIGHT, GILLIAN 2701 SPIVEY LANE ORLANDO, FL 32837 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MOORE, DOUGLAS 2701 SPIVEY LANE ORLANDO, FL 32837 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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:  MALCOLM J. WRIGHT		DATE 4-21-03 PHONE # 407-421-6660

CR2E034 (10/02)