2000 UNIFORM BUSINESS REPORT (UBR)

150.00

DOCUMENT # P95000010409

1. Entity Name
3910 OSBORNE, INC.

FILED
00 JUN 29 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3910 Osborne Ave. Tampa, FL 33614-6524	One Tampa City Center Suite 2200 Tampa, FL 33601
2. Principal Place of Business	3. Mailing Address 2309 N. Dale Mabry Hwy.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Tampa, FL
Zip / Country	Zip 33607 / Country U.S.

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3292032 ☐ 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
Wolfe, Randolph J. One Tampa City Center Suite 2100 Tampa, FL 33601	Name: Same; Street Address (P.O. Box Number is Not Acceptable): Same; Suite 2200; City: Same; FL; Zip Code: 33602

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 Randolph J. Wolfe Randolph J. Wolfe, Registered Agent — April 17, 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	PSTD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Kleinhans, Jimmy	NAME	
STREET ADDRESS	3910 Osborne Ave.	STREET ADDRESS	
CITY-ST-ZIP	Tampa, FL 33614-6524	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	600003315436--4
CITY-ST-ZIP		CITY-ST-ZIP	-07/06/00--01101--009--
TITLE		TITLE	☐ Change ☐ Addition ****550.00 ****550.00
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		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 SP
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 J. Kleinhans / President — 4/20/00 — 813-813-2014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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