

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90099 046 ***150.00

DOCUMENT # P96000002197

1. Entity Name
OSBORN, INC.

Principal Place of Business 2211 BRIGHTON BAY TRAIL JACKSONVILLE FL 32250	Mailing Address 2211 BRIGHTON BAY TRAIL JACKSONVILLE FL 32246-4096
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2211 Brighton Bay Trail	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Jacksonville, FL	City & State	4. FEI Number 59-3355035	Applied For <input type="checkbox"/> Not Applicable
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Zip 32246	Country Duval	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PATTERSON, LAWRENCE R ESQ. PATTERSON & GREEN, P.A. 3010 SOUTH THIRD STREET JACKSONVILLE BEACH FL 32250		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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSBORN, JAMES W 2211 BRIGHTON BAY TRAIL JACKSONVILLE FL 32250	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *James W Osborn* **SIGNATURE REQUIRED** **4/9/00** **904-221-2242**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)