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

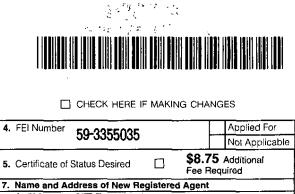
## P96000002197 DOCUMENT #

1. Entity Name OSBORN, INC.

Principal Place of Business Mailing Address 2211 BRIGHTON BAY TRAIL 2211 BRIGHTON BAY TRAIL JACKSONVILLE FL 32246 JACKSONVILLE FL 32250 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number 59-3355035 Zip Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent PATTERSON, LAWRENCE R ESQ. Street Address (P.O. Box Number is Not Acceptable) PATTERSON & GREEN, P.A. 3010 SOUTH THIRD STREET JACKSONVILLE BEACH FL 32250 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITI F TITLE ☐ Delete OSBORN, JAMES W NAME NAME 2211 BRIGHTON BAY TRAIL STREET ADORESS STREET ADDRESS JACKSONVILLE FL 32250 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE NAME NAME

## **FILED** Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90439 041 \*\*\*150.00



9. Election Campaign Financing

\$5.00 May Be Added to Fees

Zip Code

☐ Addition ☐ Change ☐ Change ■ Addition 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 Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 of flustee 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: