

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000017997

1. Entity Name

OCCUPATIONAL SAFETY AND HEALTH CONSULTANTS, INC.



Principal Place of Business

12000 6TH STREET EAST
ST PETERSBURG FL 33706
US

Mailing Address

12000 6TH STREET EAST
ST PETERSBURG FL 33706
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3352339

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

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE ☐ Delete
NAME P
STREET ADDRESS WHITE, THOMAS E
CITY-ST-ZIP 12000 6TH STREET EAST
ST PETERSBURG FL 33706

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Thomas E White
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-3-01 (727) 363-7241

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90004 042 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)

Attachment

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B0059828

Subj: 2001 Uniform Business Report (UBR)
Date: 7/2/2001 4:26:49 PM Eastern Daylight Time
From: Oshc
To: corphelp@mail.dos.state.fl.us

Dear Sir: This is to inform you that I never received the 2001 UBR, which is why it was filed on time. I have just been notified by mail that the UBR was not filed and a penalty of \$400.00 has been added to the filing fee of \$150.00, for a total of \$550.00. Since the original UBR was never received, I would like to request that the penalty be waived. I run a very small consulting business which has had difficulty staying afloat over the past two years. Therefore, a \$400.00 penalty will have a serious impact on our bottom line. Please consider my request for a waiver of the penalty and let me know your decision. Thank you for any consideration that you may give to my request. Thomas E. White, President, Occupational Safety and Health Consultants, Inc., FEI Number 59-3352339, Document # P93000017997