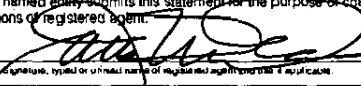
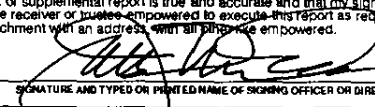


FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90119 026 ***150.00

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

DOCUMENT # P96000045091		
1. Entity Name OSBORNE & COMPANY, INC.		
Principal Place of Business 800 LAUREL OAK DRIVE SUITE 200 NAPLES, FL 34108		Mailing Address 800 LAUREL OAK DRIVE SUITE 200 NAPLES, FL 34108
2. Principal Place of Business 801 Laurel Oak Dr		3. Mailing Address 801 Laurel Oak Dr
Suite, Apt. #, etc. Suite 625		Suite, Apt. #, etc. Suite 625
City & State Naples FL		City & State Naples
Zip 34108		Country Collier
4. FEI Number 65-0674708		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent COLEMAN, KEVIN G ESQ GOODLETTE, COLEMAN & JOHNSON 4001 TAMiami TRAIL NORTH, STE. 300 NAPLES, FL 34103		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  PRES. DATE 4/15/03 (Signature, typed or printed name of registered agent and title if not a CEO) (NOTE: Registered Agent Signature required when registering)		
FILE NOW WITH FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 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	PVP OSBORNE, JAMES 800 LAUREL OAK DRIVE SUITE 200 NAPLES, FL 34108 801 Laurel Oak Dr St 625	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSBORNE, JAMES M 5074 SEAHORSE AVE. NAPLES, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP
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 filers who are empowered.		
SIGNATURE:  PRES. DATE 4/15/03 239 566-1212 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #

CR2E034 (10/02)