

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000048126

1. Entity Name

JOSCO DEVELOPMENT, INC.

FILED

Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90172 004 ***150.00

Principal Place of Business

Mailing Address

10460 ROOSEVELT BLVD
248
ST PETERSBURG FL 33716
US

10460 ROOSEVELT BLVD
248
ST PETERSBURG FL 33716-3821
US

2. Principal Place of Business

3. Mailing Address

4201 60ND AVE N

4201 60ND AVE N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

17

17

City & State

City & State

PINELLAS PARK, FL

PINELLAS PARK, FL

Zip

Zip

Country

Country

33781

33781

6. Name and Address of Current Registered Agent

4. FEI Number

59-3384711

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



OSMAN, JOSEPH V
117 83RD AVE N
ST PETERSBURG FL 33702

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 \$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 P ☐ Delete
NAME OSMAN, JOSEPH V
STREET ADDRESS 117 83RD AVE N
CITY-ST-ZIP ST PETERSBURG FL 33702

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)