

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000051893

FILED
Apr 13, 2002 8:00 AM
Secretary of State

Entity Name: FOUR O'S, INC.

Current Principal Place of Business:

250 N. ROSE
MT. CLEMENTS, MI 48045 US

New Principal Place of Business:

34865 GROESBECK HIGHWAY
HARRISON TWP, MI 48043 US

Current Mailing Address:

9108 BAY COVE LANE
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 59-2249377 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OSTERMAN, PETER R JR
9108 BAY COVE LANE
JACKSONVILLE, FL 32257

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OSTERMAN, RICHARD A
Address: 39100 CHARTIER
City-St-Zip: HARRISON, TW

Title: S () Delete
Name: OSTERMAN, CATHERINE L
Address: 39100 CHARTIER
City-St-Zip: HARRISON TWP, MI

Title: T () Delete
Name: OSTERMAN, PETER R JR
Address: 9108 BAY COVE LANE
City-St-Zip: JACKSONVILLE, FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: OSTERMAN, RICHARD A MR
Address: 39100 CHARTIER
City-St-Zip: HARRISON, TW 48045 US

Title: S (X) Change () Addition
Name: OSTERMAN, CATHERINE L MRS
Address: 39100 CHARTIER
City-St-Zip: HARRISON TWP, MI 48045 US

Title: T (X) Change () Addition
Name: OSTERMAN JR, PETER R MR
Address: 9108 BAY COVE LANE
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: VP () Change (X) Addition
Name: OSTERMAN, SYLVIA B MRS
Address: 9108 BAY COVE LANE
City-St-Zip: JACKSONVILLE, FL 32257 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SYLVIA B OSTERMAN

VP

04/13/2002

Electronic Signature of Signing Officer or Director

_____ Date