

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90092 046 ***150.00

0025704 AV

DOCUMENT # P96000069014

1. Entity Name
OSPREY OF NORTH FLORIDA, INC.

Principal Place of Business
2317 BLANDING BLVD. #3
JACKSONVILLE FL 32210

Mailing Address
P.O. BOX 350927
JACKSONVILLE FL 32235



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2317 Blanding Blvd

Suite, Apt. #, etc.

Ste 204 A

Suite, Apt. #, etc.

Ste 204 A

City & State

City & State

Jacksonville FL

4. FEI Number

65-0718395

Applied For

Not Applicable

Zip

Country

Zip

Country

32210

Duval

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

GLAZIER & GLAZIER, P.A.
8761 PERMETER PARK BLVD
STE 103
JACKSONVILLE FL 32216

Name

Charles Wilson

Street Address (P.O. Box Number is Not Acceptable)

3030 Hartley Rd

Ste 120

City

Jacksonville

FL

Zip Code

32257

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/7/02

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, 2002 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 **DP** ☐ Delete
NAME **SELL, STEVEN W**
STREET ADDRESS **2317 BLANDING BLVD. #3**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

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

TITLE **DS** ☐ Delete
NAME **WILSON, J. CHARLES**
STREET ADDRESS **3030 HARTLEY RD-STE 120**
CITY-ST-ZIP **JACKSONVILLE FL 32257**

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

TITLE **D** ☐ Delete
NAME **GLAZIER, SCOTT L**
STREET ADDRESS **8701 PERIMETER PARK BLVD-STE 103**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

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

TITLE **D** ☐ Delete
NAME **SHARPE, MICHAEL**
STREET ADDRESS **5915 NORMANDY BLVD**
CITY-ST-ZIP **JACKSONVILLE FL 32205**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/02

Date

(904) 384-8828

Daytime Phone #

CR2E034 (9/01)