

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000098105

1. Entity Name

OBJECT SOLUTIONS, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90176 003 ***150.00

Principal Place of Business

17311 HUBERS COURT
TAMPA FL 33556

Mailing Address

17311 HUBERS CT
ODESSA FL 33556-1961
US

2. Principal Place of Business

3405 Cypress Head Ct

Suite, Apt. #, etc.

3. Mailing Address

3405 Cypress Head Ct

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

Zip

33618

Country

USA

Zip

33618

Country

USA

4. FEI Number

59-3428873

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KING, JOHN T
17311 HUBERS COURT
TAMPA FL 33556

7. Name and Address of New Registered Agent

Name

John T. King

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

3405 Cypress Head Ct

City

Tampa

FL

Zip Code

33618

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

TITLE ☐ Delete
NAME D
STREET ADDRESS O'KEEFE, MICHAEL
CITY-ST-ZIP 1952 LAUGHING GULL LANE WEST, APT 1415
CLEARWATER FL

TITLE ☐ Delete
NAME D
STREET ADDRESS KING, JOHN T
CITY-ST-ZIP 17311 HUBERS CT
TAMPA FL

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 D
STREET ADDRESS King, John T.
CITY-ST-ZIP 3405 Cypress Head Ct
Tampa FL-33618

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
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

5/3/2000
Date

813 891 6084
Daytime Phone #

CR2E034 (9/99)