

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000102114

1. Entity Name

OSBETH ENTERPRISES, INC.

FILED

May 23, 2000 8:00 am
Secretary of State

05-23-2000 90254 041 ***150.00

Principal Place of Business

Mailing Address

318 N TAMAMI TRAIL

318 N TAMAMI TRAIL

#19
PUNTA GORDA FL 33950
US

#19
PUNTA GORDA FL 33950-4871
US

2. Principal Place of Business

3. Mailing Address

1205 Elizabeth St
Suite, Apt. #, etc.

1205 Elizabeth St.
Suite, Apt. #, etc.

Unit B
City & State
Punta Gorda, FL

Unit B
City & State
Punta Gorda, FL

Zip
33950
Country
Charlotte

Zip
33950
Country
Charlotte



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0712588

Applied For
Not Applicable

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

REVILLA, OSCAR L
24460 YACHT CLUB BLVD.
PUNTA GORDA FL 33955

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
REVILLA, OSCAR L
318 N TAMAMI TRAIL, #19
PUNTA GORDA FL 33950 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVD
REVILLA, MARY E
318 N TAMAMI TRAIL, #19
PUNTA GORDA FL 33950 ☐ Delete

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

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

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: Mary E. Revilla
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00 (941) 505-9511
Date Daytime Phone #

C:\2E034 (9/99)