

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90326 044 ***150.00

DOCUMENT # P96000102114

1. Entity Name
OSBETH ENTERPRISES, INC. / DBA Computer Techs International

Principal Place of Business

**1205 ELIZABETH STREET
UNIT B
PUNTA GORDA FL 33950
US**

Mailing Address

**1205 ELIZABETH STREET
UNIT B
PUNTA GORDA FL 33950
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

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

3. Mailing Address

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

City & State
Punta Gorda FL

Zip
33950

Country
USA

City & State
Punta Gorda FL

Zip
33950

Country
USA

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

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

7. Name and Address of New Registered Agent

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, 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

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

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE
NAME ☐ Change ☐ Addition
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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 (941) **505-9511**
Date Daytime Phone #

CR2E034 (9/01)