

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90199 023 ***150.00

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DOCUMENT # P98000012550

1. Entity Name
OSPREY INVESTMENTS II, INC.



Principal Place of Business
**1050 RIVERSIDE AVENUE
JACKSONVILLE FL 32204**

Mailing Address
**1050 RIVERSIDE AVENUE
JACKSONVILLE FL 32204**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3201719**

Applied For
Not Applicable

Zip Country

Zip Country

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

**SMATHERS, BRUCE A
1050 RIVERSIDE AVENUE
JACKSONVILLE FL 32204**

Name **DANIEL R. MURPHY**
Street Address (P.O. Box Number is Not Acceptable) **1050 RIVERSIDE AVENUE**
City **JACKSONVILLE FL** Zip Code **32204**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PT <input type="checkbox"/> Delete
NAME	MURPHY, DANIEL R.
STREET ADDRESS	1050 RIVERSIDE AVE
CITY-ST-ZIP	JACKSONVILLE FL 32204
TITLE	S <input type="checkbox"/> Delete
NAME	PRICE, JACQUELINE S
STREET ADDRESS	1050 RIVERSIDE AVENUE
CITY-ST-ZIP	JACKSONVILLE FL 32204
TITLE	<input type="checkbox"/> Delete
NAME	
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CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED DANIEL R MURPHY** 4/21/03 9013543632
Date Daytime Phone #

CR2E034 (10/02)