

2000 UNIFORM BUSINESS REPORT (UBR)

0405920

DOCUMENT # P99000078837

1. Entity Name

OS PRIME, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 13 PM 5:59

Principal Place of Business

550 NORTH REO STREET #200
TAMPA FL 33609

Mailing Address

550 NORTH REO STREET #200
TAMPA FL 33609-1036

2. Principal Place of Business

2202 North West Shore Boulevard

Suite, Apt. #, etc.

5th Floor

City & State
Tampa, Florida

33607

Country

USA

3. Mailing Address

2202 North West Shore Boulevard

Suite, Apt. #, etc.

5th Floor

City & State
Tampa, Florida

33607

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

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

KADOW, JOSEPH J
550 NORTH REO STREET
SUITE 200
TAMPA FL 33609

Name

Joseph J. Kadow

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

2202 North West Shore Boulevard

5th Floor

City

Tampa,

FL

Zip Code 33607

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

4/6/10

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 ☐ Delete
NAME D
STREET ADDRESS KADOW, JOE
CITY-ST-ZIP 550 NORTH REO STREET #200
TAMPA FL 33609

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 2202 N. West Shore Blvd., 5th Floor
CITY-ST-ZIP Tampa, Florida 33607

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

2/29/00

813/2821285