

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

0562911 AV

DOCUMENT # V43721

1. Entity Name
OSCEOLA SHIP 'N' PLUS INC.

02-24-2002 90029 044 ***150.00

Principal Place of Business
1001 NORTH CENTRAL AVENUE
KISSIMMEE FL 34741

Mailing Address
1001 NORTH CENTRAL AVENUE
KISSIMMEE FL 34741



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3126995**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EHRHART, WILLIAM
1001 NORTH CENTRAL AVE.
KISSIMMEE FL 34741

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 _____ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | ST | <input type="checkbox"/> Delete |
| NAME | ROTHFELD, ROBERT | |
| STREET ADDRESS | 14537 OCONEE LN | |
| CITY-ST-ZIP | ORLANDO FL | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | EHRHART, KATHLEEN | |
| STREET ADDRESS | 717 BOND ST | |
| CITY-ST-ZIP | KISSIMMEE FL | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | EHRHART, WILLIAM | |
| STREET ADDRESS | 717 BOYD ST | |
| CITY-ST-ZIP | KISSIMMEE FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
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| STREET ADDRESS | | |
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| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: WILLIAM EHRHART
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-02 407-931-0009
 Date Daytime Phone #

CR2E034 (9/01)