

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 09, 2000 8:00 am
Secretary of State**

02-09-2000 90054 038 ***150.00

DOCUMENT # V48699

1. Entity Name

OSBORNE SERVICE & EQUIPMENT, INC.

Principal Place of Business

**4420 SOUTHWEST 64TH AVE.
DAVIE FL 33314**

Mailing Address

**4420 SOUTHWEST 64TH AVE.
DAVIE FL 33314-3438**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0357346

Not

5. Certificate of Status Desired ☐**\$8.75**

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OSBORNE, IVA T.
4420 SOUTHWEST 64TH AVENUE
DAVIE FL 33314**

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
Added**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GAINES, CINDY LOUISE 4420 SW 64TH AVE. DAVIE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OSBORNE, IVA T. 4420 SW 64TH AVE. DAVIE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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 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 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

1/31/00

Date

954-583-

Daytime Phone #