

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

0613989 AT

DOCUMENT # F98000004814

1. Entity Name
OSTLER INTERNATIONAL, INC.

03-06-2002 90010 046 ***150.00

Principal Place of Business Mailing Address
3170 SOUTH 900 WEST **3170 SOUTH 900 WEST**
SALT LAKE CITY UT 84119 **SALT LAKE CITY UT 84119**



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

DO NOT WRITE IN THIS SPACE

Zip Country Zip Country

4. FEI Number Applied For
87-0453814 Not Applicable

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

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ (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	STD	<input type="checkbox"/> Delete
NAME	OSTLER, GARY	
STREET ADDRESS	900 WEST 3170 SOUTH	
CITY-ST-ZIP	SALT LAKE CITY UT 84119	
TITLE	V	<input type="checkbox"/> Delete
NAME	OSTLER, VYRON	
STREET ADDRESS	967 EMOYLE CIR	
CITY-ST-ZIP	ALDINE UT	
TITLE	PD	<input type="checkbox"/> Delete
NAME	OSTLER, DALE	
STREET ADDRESS	6291 SHENANDOAH AVE	
CITY-ST-ZIP	SALT LAKE CITY UT 84121	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARY OSTLER	
STREET ADDRESS	2401 60 Summit Cir	
CITY-ST-ZIP	SALT LAKE CITY, UTAH 84109	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY/TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALE OSTLER	
STREET ADDRESS	3170 SOUTH 900 WEST	
CITY-ST-ZIP	SALT LAKE CITY UTAH 84119	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Gary Ostler*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-19-02
 Date Daytime Phone #

CR2E034 (9/01)