

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90893 042 ***150.00

DOCUMENT # J75143
 1. Entity Name
OCEANSIDE RESORTS INC.

Principal Place of Business: **2201 COLLINS AVE MIAMI BEACH FL 33139**
 Mailing Address: **111 WEST FORTUNE STREET TAMPA FL 33602**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country Zip: Country



DO NOT WRITE IN THIS SPACE

4. FEI Number: **59-2917016** Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent
CALLEN, CLAIRE
2201 COLLINS AVENUE
MIAMI BEACH FL 33139

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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: D <input type="checkbox"/> Delete	NAME: CALLEN, ROBINSON STREET ADDRESS: 111 WEST FORTUNE STREET CITY-ST-ZIP: TAMPA FL	TITLE: D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: CALLEN, TARA STREET ADDRESS: 111 W. FORTUNE ST. CITY-ST-ZIP: TAMPA, FL 33602
TITLE: DST <input type="checkbox"/> Delete	NAME: CALLEN, JAN STREET ADDRESS: 111 WEST FORTUNE STREET CITY-ST-ZIP: TAMPA FL	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: D <input checked="" type="checkbox"/> Delete	NAME: CALLEN, DAVID STREET ADDRESS: 111 WEST FORTUNE STREET CITY-ST-ZIP: TAMPA FL	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: D <input type="checkbox"/> Delete	NAME: MARTINO, THOMAS STREET ADDRESS: 1602 N FLORIDA AVENUE CITY-ST-ZIP: TAMPA FL 33602	TITLE: D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: MARTINO, THOMAS STREET ADDRESS: 2709 W. KENNEDY BLVD CITY-ST-ZIP: TAMPA, FL 33609
TITLE: DP <input type="checkbox"/> Delete	NAME: CALLEN, CLAIRE STREET ADDRESS: 2201 COLLINS AVENUE CITY-ST-ZIP: MIAMI BCH FL 33139	TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Delete	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: *[Signature]* **4/22/02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)