

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90262 013 \*\*\*150.00

0450965 AV

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**

00000000



2. Principal Place of Business

3. Mailing Address

**2201 Collins Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Miami Beach FL**

4. FEI Number **59-2917016**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33139**

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CALLEN, CLAIRE  
2201 COLLINS AVENUE  
MIAMI BEACH FL 33139**

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. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D**  Delete  
NAME **CALLEN, ROBINSON**  
STREET ADDRESS **111 WEST FORTUNE STREET**  
CITY-ST-ZIP **TAMPA FL**

TITLE  Change  Addition  
NAME **120 W Bay Street suite C**  
STREET ADDRESS **Savannah, Ga 31401**  
CITY-ST-ZIP

TITLE **DST**  Delete  
NAME **CALLEN, JAN**  
STREET ADDRESS **111 WEST FORTUNE STREET**  
CITY-ST-ZIP **TAMPA FL**

TITLE  Change  Addition  
NAME **120 W Bay Street suite C**  
STREET ADDRESS **Savannah, Ga 31401**  
CITY-ST-ZIP

TITLE **D**  Delete  
NAME **MARTINO, THOMAS**  
STREET ADDRESS **2708 W. KENNEDY BLVD**  
CITY-ST-ZIP **TAMPA FL 33609**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DP**  Delete  
NAME **CALLEN, CLAIRE**  
STREET ADDRESS **2201 COLLINS AVENUE**  
CITY-ST-ZIP **MIAMI BCH FL 33139**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME **Director**  
STREET ADDRESS **TARA CALLEN**  
CITY-ST-ZIP **2201 Collins Ave**  
**Miami Beach FL 33139**

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

**3-27-03 305-779-3208**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CFR2E034 (10/02)