2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P00000093385 DOCUMENT

1. Entity Name

CENTURY 21 OCEANSIDE SALES, INC.



FILED Mar 10, 2003 8:00 am Secretary of State

03-10-2003 90772 039 ***150.00

Principal Place of Business 475 N. HIGHWAY A 1-A VERO BEACH FL 32963 2. Principal Place of Business 422 BEACHLAND BLVD Suite, Apt. #, etc. City & State VERO BEACH FL Zip Country Jip JORGENSEN, PETER 1517 20TH ST. VERO BEACH FL 32960 3. Mailing Address 422 BEACHLAND BLVD Suite, Apt. #, etc. City & State VERO BEACH FL Zip Country Jip JORGENSEN, PETER 1517 20TH ST. VERO BEACH FL 32960 City City City City City City City Cit	Applied For Not Applicable Additional uired
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2. Principal Place of Business 622 BEACHLAND BLVD Suite, Apt. #, etc. City & State City & State City & State Country Zip Country Signature and Address of Current Registered Agent Name JORGENSEN, PETER 1517 20TH ST. VERO BEACH FL 32960 City FL Zip Zip City FL Zip Zip City FL Zip Zip City FL Zip Zip Zip Zip City FL Zip Zip Zip Zip Zip Zip Zip Zi	Applied For Not Applicable Additional uired
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32463-5462 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JORGENSEN, PETER 1517 20TH ST. VERO BEACH FL 32960 City FL Zip C 8. The above named applity 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 the obligations of registered agent. SIGNATURE Signature, typer or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	uired
6. Name and Address of Current Registered Agent JORGENSEN, PETER 1517 20TH ST. VERO BEACH FL 32960 City FL Zip C 8. The above named agent systemed agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	_
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FILE WOMEN FEE IS MISULAN	
After May 1, 2093 Fee will be \$550.00	5.00 May Be
Make Check Payable to Florida Department of State	ded to Fees
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	ORS IN 11
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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 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 coth, that I am an office	

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 it changed, or on an attachment with an address, with an other like empowered.