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Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE

address, with all other like empowered

Feb 14, 2002 8:00 am **DOCUMENT #** P93000041593 Secretary of State 1. Entity Name 02-14-2002 90036 042 ***150 00 OCEAN TRAIL REALTY INC. Principal Place of Business Mailing Address 725 NORTH A1A 725 NORTH A1A SUITE D101 SUITE D101 JUPITER FL 33477 JUPITER FL 33477 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0415141 Not Applicable Zip Country Ziρ Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FITZSIMMONS, SANDRA P Street Address (P.O. Box Number is Not Acceptable) 222 US HWY 1 **SYE 208 TEQUESTA FL 33469** City Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition FITZSIMMONS, SANDRA P NAME NAME STREET ADDRESS 725 NORTH A1A, SUITE D101 STREET ADDRESS CITY-ST-ZIP JUPITER FL 33477 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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