

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91778 044 \*\*\*150.00

0610723 AV

DOCUMENT # **P97000073000**

1. Entity Name  
**OCEAN ATLANTIC CARPET AND TILE CO.**



Principal Place of Business  
PO BOX 2756  
STUART FL 34997

Mailing Address  
PO BOX 2756  
STUART FL 34997

**11091176**



2. Principal Place of Business

**3311 SB FEDERAL Hwy.**  
Suite, Apt. #, etc.

3. Mailing Address

**3311 SB FEDERAL Hwy.**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

**Stuart FL**

City & State

**Stuart FL**

4. FEI Number

**65-0784450**

Applied For

Not Applicable

Zip

**34997**

Country

**Martin**

Zip

**34997**

Country

**Martin**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**AGELASTRO, PAUL S**  
**1124 SW 35TH ST**  
**PALM CITY FL 34990**

7. Name and Address of New Registered Agent

Name **Angelastro, Paul**  
Street Address (P.O. Box Number is Not Acceptable)  
**31 Riverway Blvd.**  
City **Palm City** FL Zip Code **34990**

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 **Pros**

**4-02-03**

Signature, typed or printed name of registered agent and title if applicable.

(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	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ANGELASTROM, PAUL S</b>	
STREET ADDRESS	<b>1124 SE 35TH ST</b>	
CITY-ST-ZIP	<b>PALM CITY FL 34990</b>	
TITLE	<b>ANGELASTRO, PAUL S.</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ANGELASTRO, PAUL S.</b>	
STREET ADDRESS	<b>1124 SB 3</b>	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANGELASTRO, PAUL</b>	
STREET ADDRESS	<b>3311 SB FEDERAL HWY</b>	
CITY-ST-ZIP	<b>Stuart FL 34997</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ANGELASTRO, PAUL</b>	
STREET ADDRESS	<b>3311 SB FEDERAL HWY.</b>	
CITY-ST-ZIP	<b>STUART FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ANGELASTRO, FRAN</b>	
STREET ADDRESS	<b>4502 N FEDERAL APT 139</b>	
CITY-ST-ZIP	<b>Lt House Point FL 33064</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ANGELASTRO, FRAN</b>	
STREET ADDRESS	<b>4502 N FEDERAL HWY APT. 139</b>	
CITY-ST-ZIP	<b>Lt. House Point FL 33064</b>	
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		

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: **RE REQUIRED**

**04-02-03**

**772-288-1411**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)