

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90022 041 ***150.00

DOCUMENT # P99000031403

1. Entity Name
OCEAN FRONT RETREATS, INC.

f

Principal Place of Business: 177 TWELVE OAKS LANE, PONTE VEDRA BEACH FL 32082
 Mailing Address: 177 TWELVE OAKS LANE, PONTE VEDRA BEACH FL 32082



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc. / City & State / Zip 32082 / Country
 3. Mailing Address: Suite, Apt. #, etc. / City & State / Zip 32082 / Country

4. FEI Number: 59-3574012
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent
 Name: **Norma Rea, President**
 Street Address (P.O. Box Number is Not Acceptable):
 177 TWELVE OAKS LANE
 City: **Ponte Vedra Beach FL** Zip Code: **32082**

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: *Norma Rea, President* DATE: **7/6/00**
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.
FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

| | | |
|----------------|-----------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | REA, NORMA J | |
| STREET ADDRESS | 177 TWELVE OAKS LANE | |
| CITY-ST-ZIP | PONTE VEDRA BEACH FL 32082 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
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| TITLE | | <input type="checkbox"/> Delete |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: *Norma Rea, President* DATE: **7/6/00** DAYTIME PHONE #: **904-285-4737**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/00)

attachment # P99000031403
B0105710

091100

OCEAN FRONT RETREATS, INC.
177 TWELVE OAKS LANE
PONTE VEDRA, FL 32082

September 9, 2000

Florida Department of State
Division of Corporations
P.O.Box 6327
Tallahassee, FL-32314

To whom it may concern:

Enclosed, please find, my Uniform Business Report along with my check for \$150.00.

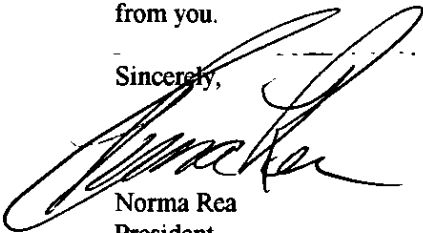
The reason for this particular check amount is I am writing you to ask for relief from the \$400.00 penalty that has been imposed. This company is barely a year old and a very small business as well. To be quite frank, I was not even familiar with this report nor did I receive your first mailing. Please also notice that an incorrect zip code had been recorded on this return and that it needs to be changed for me to receive future mailings from you.

I understand the reason that you impose penalties and that if this was to ever happen to my company again, I would certainly deserve it. However, I do not believe that it is the States intent, to impose such large penalties on a fledgling, small company, who is just getting started and learning of it's responsibilities to you.

Please be assured that I have also met with my accountant, since the receipt of this report, and have asked him to advise me of any other reports or forms that I am responsible for, so that I will always remain compliant to the State of Florida and all others.

I thank you in advance for your understanding and reconsideration of the penalty. I'll look forward to hearing from you.

Sincerely,



Norma Rea
President

PHONE: 904-285-4731
FAX: 904-285-4153
NJREA@PRODIGY.NET