


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90036 031 \*\*\*150.00

**DOCUMENT # S94364**

1. Entity Name  
**OCEANSIDE BEACH SERVICE, INC.**



Principal Place of Business  
P.O. BOX 14681  
NORTH PALM BEACH FL 33408

Mailing Address  
POST OFFICE BOX 14681  
NORTH PALM BEACH FL 33408  
US



2. Principal Place of Business  
*1165 East Blue Heron Blvd*

3. Mailing Address  
*1165 East Blue Heron Blvd*

Suite, Apt. #, etc.

City & State  
*Singer Island*

City & State  
*Singer Island FL*

Zip  
*FL*

Country  
*33404*

Zip  
*33404*

Country  
*FL*

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0296488**

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent

**NOVATKA, VANESSA**  
**136 LINDA LAND**  
**PALM BEACH SHORES FL 33404**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_  
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

|                |                                   |                                 |
|----------------|-----------------------------------|---------------------------------|
| TITLE          | <b>C</b>                          | <input type="checkbox"/> Delete |
| NAME           | <b>NOVATKA, MICHAEL</b>           |                                 |
| STREET ADDRESS | <b>136 LINDA LN</b>               |                                 |
| CITY-ST-ZIP    | <b>PALM BCH SHORES FL</b>         |                                 |
| TITLE          | <b>D</b>                          | <input type="checkbox"/> Delete |
| NAME           | <b>NOVATKA, VANESSA</b>           |                                 |
| STREET ADDRESS | <b>136 LINDA LANE</b>             |                                 |
| CITY-ST-ZIP    | <b>PALM BEACH SHORES FL 33404</b> |                                 |
| TITLE          |                                   | <input 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    |                                   |                                 |

11. 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 |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| 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: *[Signature]* **Jan 15<sup>th</sup> 2003** 561 881 8116

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (10/02)