2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 289203 Mar 21, 2000 8:00 am **Secretary of State OCEAN HILLSBORO INC** 03-21-2000 90046 045 ***150.00 Mailing Address Principal Place of Business 1069 HILLSBORO MILE 1069 HILLSBORO MILE HILLSBORO BEACH FL 33062-2137 HILLSBORO BEACH FL 33062-2137 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1146710 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STEKETEE, ESTHER 1069 HILLSBORO MILE #601 HILLSBORO BCH FL 33062 MILISHOTO SUPER 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 X (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Charge Change Change 1069 Hills ODTO Mile 78004 Delete TITLE TITLE NAME STEKETTEE, ESTER NAME STREET ADDRESS STREET ADDRESS 1069 HILLSBORO HILE #601 HILLSDOMO BEACH, FICA CITY-ST-ZIP CITY-ST-ZIP HILLSBORO BEACH FL Change ☐ Addition TITLE ☐ Delete TITLE NAME MARCHISIO, SIIND NAME STREET ADDRESS STREET ADDRESS 1069 HILLSBORO MILE #707 CITY-ST-ZIP CITY-ST-ZIP HILLSBORO BEACH FL TERRY HOWES DOOM ! E #103 Director Addition Delete TITLE TITLE NAME NAME TRIFOLI, SUSAN STREET ADDRESS STREET ADDRESS 1069 HILLSBORO MILE, #407 minsbord marbeach, Fla CITY-ST-ZIP CITY-ST-ZIP HILLSBORO BEACH FL **Addition** X Delete TITI F TITLE SHEPHERD, DOROTHY NAME NAME STREET ADDRESS STREET ADDRESS 1069 HILLSBORO MILE CITY-ST-ZIP CITY-ST-ZIP HILLSBORO BEACH FL T Delete ☐ Change ▼ Addition TITLE TITLE NAME **CURTIS. WINIFRED** NAME STREET ADDRESS 1069 HILLSBORO MILE, #603 STREET ADORESS HILISHOPO BEACH, FI CITY-ST-ZIP CITY-ST-ZIP HILLSBORO BEACH FL ☐ Addition Change ☐ Delete TITLE TITLE NAME 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 changed, or on an attachment with an address, with all other like empowered.

NG OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

Daytime Phone #