

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90103 014 ***150.00

DOCUMENT # 289203

1. Entity Name
OCEAN HILLSBORO INC



Principal Place of Business
**1069 HILLSBORO MILE
HILLSBORO BEACH FL 33062-2137
US**

Mailing Address
**1069 HILLSBORO MILE
HILLSBORO BEACH FL 33062-2137
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1146710**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**AGRE, CHARLES
1069 HILLSBORO MILE
#604
HILLSBORO BCH FL 33062**

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

4/1/2003

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	P	<input checked="" type="checkbox"/> Delete
NAME	AGRE, CHARLES	
STREET ADDRESS	1069 HILLSBORO MILE #604	
CITY-ST-ZIP	HILLSBORO BEACH FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GOODRICH, RON	
STREET ADDRESS	1069 HILLSBORO MILE # 704	
CITY-ST-ZIP	HILLSBORO BEACH FL 33062	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	D'AVIGNON, GUY	
STREET ADDRESS	1069 HILLSBORO MILE # 401	
CITY-ST-ZIP	HILLSBORO BEACH FL 33062	
TITLE	S	<input type="checkbox"/> Delete
NAME	STERETEE, BARBARA	
STREET ADDRESS	1069 HILLSBORO MILE # 806	
CITY-ST-ZIP	HILLSBORO BEACH FL 33062	
TITLE	T	<input type="checkbox"/> Delete
NAME	ALFANO, DEBORAH	
STREET ADDRESS	1069 HILLSBORO MILE # 206	
CITY-ST-ZIP	HILLSBORO BEACH FL 33062	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODRICH, RON	
STREET ADDRESS	1069 HILLSBORO MILE #704	
CITY-ST-ZIP	HILLSBORO BCH, FLA 33062	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DICKBRANDT	
STREET ADDRESS	1069 HILLSBORO MILE #203	
CITY-ST-ZIP	HILLSBORO BCH, FLA 33062	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TERRY HOWES	
STREET ADDRESS	1069 HILLSBORO MILE #103	
CITY-ST-ZIP	HILLSBORO BCH, FLA 33062	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/2003

Date

Daytime Phone #

19549430352

CR2E034 (10/02)