

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 297685

1. Entity Name

THE OCEAN MAISONETTES, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90055 031 ***150.00

Principal Place of Business

6880 NORTH OCEAN BOULEVARD
OCEAN RIDGE FL 33435

Mailing Address

6880 NORTH OCEAN BOULEVARD
OCEAN RIDGE FL 33435-3317

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 59-1285917

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FARR, MARY LOU
6849 N OCEAN BLVD
OCEAN RIDGE FL 33435

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.

SIGNATURE

Mary Lou Farr MARY LOU FARR

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

(NOTE: Registered Agent signature required when reinstating)

4/12/2000
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	D			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	ARTHUR, HAILAND G	6849 N. OCEAN BLVD.	OCEAN RIDGE FL						
	DT			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	BEAN, BOURNE	6849 N. OCEAN BLVD	OCEAN RIDGE FL						
	S			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	FARR, MARY LOU	6849 N OCEAN BLVD	OCEAN RIDGE FL						
	DP			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	HUDSON, GILBERT	6849 N. OCEAN BLVD.	OCEAN RIDGE FL						
	DT			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	WYDMAN, MARY	6849 N OCEAN BLVD	OCEAN RIDGE FL						
	DT			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	THOMPSON, CHARLES	6849 N. OCEAN BLVD.	OCEAN RIDGE FL						

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: *Mary Lou Farr* MARY LOU FARR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/2000
Date

561-737-6770
Daytime Phone #

CR2E034 (9/99)