

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 297785

1. Entity Name
OCEAN PALM ESTATES, INCORPORATED

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90221 002 ***150.00

Principal Place of Business
3600 SO. CENTRAL AVE.
FLAGLER BEACH FL 32136-4117

Mailing Address
3600 SO. CENTRAL AVE.
FLAGLER BEACH FL 32136-4117

2. Principal Place of Business
7138 HAWKS VIEW TRAIL
Suite, Apt. #, etc.

3. Mailing Address
7138 HAWKS VIEW TRAIL
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
PT ST LUCIE FL
Zip
34986
Country
U.S.A.

4. FEI Number 59-1153185
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
JOHNSON, RONALD N.
326 S. GRANDVIEW AVE.
DAYTONA BEACH FL 32018

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2001 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	TD JOHNSON, RONALD N 326 S GRANDVIEW AVENUE DAYTONA BEACH, FL 00000 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SHANKLAND, CRAIG 282 OCEAN PALM DR, S FLAGLER BCH, FL 00000 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BERYL NICOL 7138 HAWKS VIEW TRAIL PT ST LUCIE FL 34986 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NICOL, RONALD S 3600 S CENTRAL AVENUE FLAGLER BCH, FL 00000 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7138 HAWKS VIEW TRAIL PT ST LUCIE FL 34986 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Beryl Nicol PRES RONALD S. NICOL 3/26/01 602 321 1932
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0453180

CR2E034 (10/00)