

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 358209

1. Entity Name  
6855 N OCEAN BOULEVARD INC



**FILED**  
**Jul 29, 2003 8:00 am**  
**Secretary of State**

07-29-2003 90054 001 \*1,350.00

**55052687**



Principal Place of Business  
6855 N OCEAN BLVD  
BOYNTON BEACH FL 33435

Mailing Address  
6855 N OCEAN BLVD  
BOYNTON BEACH FL 33435

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1316952**

Applied For  
Not Applicable

Zip Country Zip Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PD	<input type="checkbox"/> Delete
NAME	BARKER, GEORGE	
STREET ADDRESS	6849 N. OCEAN BLVD	
CITY-ST-ZIP	OCEAN RIDGE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	FARR, MARY LOU	
STREET ADDRESS	6849 N. OCEAN BLVD.	
CITY-ST-ZIP	OCEAN RIDGE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NAYLOR, JOHN M	
STREET ADDRESS	6849 N OCEAN BLVD	
CITY-ST-ZIP	OCEAN RIDGE FL	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	WEMYSS, CHARLES	
STREET ADDRESS	6849 N OCEAN BLVD	
CITY-ST-ZIP	OCEAN RIDGE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RANDS, WILLIAM	
STREET ADDRESS	6849 N COEAN BLVD	
CITY-ST-ZIP	OCEAN RIDGE FL 33435	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KILROY, THEODORE	
STREET ADDRESS	6849 N OCEAN BLVD	
CITY-ST-ZIP	OCEAN RIDGE FL 33435	

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		

*Adls. John*  
*6849 N. Ocean Blvd*  
*Ocean Ridge, FL 33435*

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]* **7/29/03** **561-737-6770**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (4/03)