

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 19, 2002 8:00 am
Secretary of State

09-19-2002 90158 028 ***550.00

DOCUMENT # 420053

1. Entity Name

OCEAN TIDE OF RIVIERA BEACH, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3227 BROADWAY

Suite, Apt. #, etc.

3. Mailing Address
3227 BROADWAY

Suite, Apt. #, etc.

80139572

DO NOT WRITE IN THIS SPACE

City & State
RIVIERA BEACH, FL

City & State
RIVIERA BEACH, FL

4. FEI Number
59-1444548

Applied For
Not Applicable

Zip
33404

Country

Zip
33404

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
ANGELO F. FALCONI

Street Address (P.O. Box Number is Not Acceptable)
3227 BROADWAY

City
RIVIERA BEACH

FL

Zip Code
33404

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) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT
ANGELO F. FALCONI, SR
928 E BEAU STREET
WASHINGTON, PA 15301

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DO NOT WRITE
IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Angelo F. Falconi*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment
42053Form **7004**

(Rev. October 2000)

Department of the Treasury
Internal Revenue Service**Application for Automatic Extension of Time
To File Corporation Income Tax Return**

OMB No. 1545-0233

Name of corporation

OCEAN TIDE OF RIVIERA BEACH, INC.Employer identification number
59 1444548

Number, street, and room or suite no. (If a P.O. box or outside the United States, see instructions.)

2 PINE RIDGE

City or town, state, and ZIP code

RIVIERA BEACH, FL 33404-2325

Check type of return to be filed:

- | | | | |
|--------------------------------------|--|---|--|
| <input type="checkbox"/> Form 990-C | <input type="checkbox"/> Form 1120-FSC | <input type="checkbox"/> Form 1120-PC | <input checked="" type="checkbox"/> Form 1120S |
| <input type="checkbox"/> Form 1120 | <input type="checkbox"/> Form 1120-H | <input type="checkbox"/> Form 1120-POL | <input type="checkbox"/> Form 1120-SF |
| <input type="checkbox"/> Form 1120-A | <input type="checkbox"/> Form 1120-L | <input type="checkbox"/> Form 1120-REIT | |
| <input type="checkbox"/> Form 1120-F | <input type="checkbox"/> Form 1120-ND | <input type="checkbox"/> Form 1120-RIC | |

- Form 1120-F filers: Check here if the foreign corporation does not maintain an office or place of business in the United States ☐

1 Request for Automatic Extension (see instructions)

- a **Extension date.** I request an automatic 6-month (or, for certain corporations, 3-month) extension of time until **SEPTEMBER 15**, 20 **02**, to file the income tax return of the corporation named above for ☐ calendar year 20.....or ☐ tax year beginning....., and ending....., 20.....

- b **Short tax year.** If this tax year is for less than 12 months, check reason:

- ☐ Initial return ☐ Final return ☐ Change in accounting period ☐ Consolidated return to be filed

2 Affiliated group members (see instructions). If this application also covers subsidiaries to be included in a consolidated return, provide the following information:

Name and address of each member of the affiliated group	Employer identification number	Tax period
<div style="text-align: center;"> RECEIVED MAR 07 2002 Internal Revenue Service FIELD ASSISTANCE UNIT </div>		

3 Tentative tax (see instructions).**4 Payments and refundable credits:** (see instructions)

- a Overpayment credited from prior year. **4a**
- b Estimated tax payments for the tax year **4b**
- c Less refund for the tax year applied for on Form 4466 **4c**
- e Credit for tax paid on undistributed capital gains (Form 2439) **4e**
- f Credit for Federal tax on fuels (Form 4136) **4f**

<div style="text-align: center;"> 3 </div>		
		4d
		4e
		4f

5 Total. Add lines 4d through 4f (see instructions).**6 Balance due.** Subtract line 5 from line 3. Deposit this amount using the Electronic Federal Tax Payment System (EFTPS) or with a Federal Tax Deposit (FTD) Coupon (see instructions)

5	
6	NONE

Signature. Under penalties of perjury, I declare that I have been authorized by the above-named corporation to make this application, and to the best of my knowledge and belief, the statements made are true, correct, and complete.

(Signature of officer or agent)

PREPARER

(Title)

(Date)