

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 12, 2003 8:00 am
Secretary of State

09-12-2003 90088 050 ***550.00

DOCUMENT # 420053
1. Entity Name OCEAN TIDE OF RIVIERA BEACH, INC.

DO NOT WRITE IN THIS SPACE

90156451

2. Principal Place of Business 3227 BROADWAY Suite, Apt. #, etc.	3. Mailing Address 3227 BROADWAY Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State RIVIERA BEACH FL	City & State RIVIERA BEACH FL	4. FEI Number 59-1444548	Applied For <input type="checkbox"/> Not Applicable
Zip 33404	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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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. 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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 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	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *x Angelo F. Falconi*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 9/4/03
Date

x 724-225-0418
Daytime Phone #