

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 11, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90116 047 \*\*\*150.00

**DOCUMENT # 492239**

1. Entity Name  
**OCEANSIDE HOLDING CO., INC.**

Principal Place of Business <b>C/O DAVID FRITSMA</b> <b>2260 FRONT ST. UNIT #204</b> <b>MELBOURNE FL 32901</b>	Mailing Address <b>C/O DAVID FRITSMA</b> <b>2260 FRONT ST. UNIT #204</b> <b>MELBOURNE FL 32901</b>
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**740804**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>c/o David Fritsma</b> Suite, Apt. #, etc. <b>824 Lychee Dr</b> City & State <b>Barefoot Bay FL</b> Zip <b>32976</b> Country	3. Mailing Address <b>c/o David Fritsma</b> Suite, Apt. #, etc. <b>824 Lychee Dr</b> City & State <b>Barefoot Bay FL</b> Zip <b>32976</b> Country
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4. FEI Number **59-1717641** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**FRITSMA, DAVID A.**  
**2260 FRONT ST**  
**UNIT 206**  
**MELBOURNE FL 32901**

7. Name and Address of New Registered Agent  
 Name **Fritsma, David A**  
 Street Address (P.O. Box Number is Not Acceptable)  
**824 Lychee Dr**  
 City **Barefoot Bay** **FL** Zip Code **32976**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<b>P</b> <b>FRITSMA, DAVID A.</b> <b>2260 FRONT ST UNIT 204</b> <b>MELBOURNE FL 32901</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>FRITSMA, DONALD J.</b> <b>880 DOUGLAS ST. S.E.</b> <b>PALM BAY FL 32909</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: David A. Fritsma **David A. Fritsma** 4/7/01 561 664 5289  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)