

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 518540

1. Entity Name

OCEAN GATE BUILDERS, INC.

FILED

May 14, 2001 8:00 am
Secretary of State

05-14-2001 90094 027 ***150.00

Principal Place of Business

Mailing Address

2001 SE AIRPORT ROAD

2001 SE AIRPORT ROAD

STUART FL 34996

STUART FL 34996

US

US

2. Principal Place of Business

2854 S. Federal Hwy

3. Mailing Address

2854 S. Federal Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Stuart, FL

City & State

Stuart, FL

4. FEI Number

59-1699381

Applied For

Not Applicable

34994

Country
US

34994

Country
US

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

MACDONALD, JACK A
2001 SE AIRPORT ROAD
STUART FL 34996

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.

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\$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	<input type="checkbox"/> Delete
P	MACDONALD, JACK A.	2001 SE AIRPORT ROAD	STUART FL 34996	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
P	MacDonald, Jack A.	2854 S. Federal Hwy	Stuart, FL 34994	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VP	MacDonald, Mark D.	2854 S. Federal Hwy	Stuart, FL 34994	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)