

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90016 041 ***150.00

DOCUMENT # 518540

1. Entity Name
OCEAN GATE BUILDERS, INC.

Principal Place of Business Mailing Address
2854 S FEDERAL HWY 2854 S FEDERAL HWY
STUART FL 34994 STUART FL 34994
US US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-1699381** Applied For
 Not Applicable

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
~~2801 SE AIRPORT ROAD~~ **2854 SE FEDERAL HWY**
~~STUART FL 34994~~ **34994**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip **34994**

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]* **JAN 10, 2002**
 (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, 2002 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	P	<input type="checkbox"/> Delete
NAME	MACDONALD, JACK A.	
STREET ADDRESS	2854 S FEDERAL HWY	
CITY-ST-ZIP	STUART FL 34994	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MACDONALD, MARK D	
STREET ADDRESS	2854 S FEDERAL HWY	
CITY-ST-ZIP	STUART FL 34994	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]* **JAN 10, 2002 561-283-6744**
 (Typed or Printed Name of Signing Officer or Director) Date Daytime Phone #

CR2E034 (9/01)