

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000000759**

1. Entity Name

OCEANSIDE ONE, LTD.

Principal Place of Business

**444 SEABREEZE BLVD., SUITE 900
DAYTONA BEACH FL 32118**

Mailing Address

**275 RIVERSIDE DRIVE
ORMOND BEACH FL 32176**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY 13 PM 12:41



2. Principal Place of Business

100 second Avenue N

3. Mailing Address

PO Box 429

Suite, Apt. #, etc.
Suite 200

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State
St Petersburg, FL

City & State
St Petersburg, FL

4. FEI Number

59-3631533

Applied For

Not Applicable

Zip
33701

Country
USA

Zip

33731-0429

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HOOD, CHARLES D JR.
444 SEABREEZE BLVD., SUITE 900
DAYTONA BEACH FL 32118**

7. Name and Address of New Registered Agent

Name **Ian F Irwin**

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

100 Second Avenue North

Suite 200

City **St Petersburg**

FL

Zip Code

33701

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

Ian F Irwin

5/9/02

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$2,500,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **P99000001505**
NAME **D & B OF DAYTONA, INC.**
STREET ADDRESS **444 SEABREEZE BLVD., SUITE 900**
CITY-ST-ZIP **DAYTONA BEACH FL 32118**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **100 Second Avenue North Suite 200**
CITY-ST-ZIP **St Petersburg, FL 33701**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

**000005677360--9
-06/04/02--01037--023
****326.50 ****326.50**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **Ian F Irwin, President**

5/9/02

(727)821-5178

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)