

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90079 002 ***150.00

DOCUMENT # F31178

1. Entity Name

OCEANSIDE YACHT & MARINE SALES, INC.

Principal Place of Business

Mailing Address

2308 N.E. 28TH STREET
LIGHTHOUSE POINT FL 33064

1201 U S HWY ONE
N PALM BEACH FL 33408-3550
US

CU033818



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6899 SW 99th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocala FL

City & State

4. FEI Number

59-2087453

Applied For

Not Applicable

Zip

Country

34476

MARION

Zip

Country

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

NEROS, GEORGE
2821 BANYAN BLVD. CIRCLE NW
BOCA RATON FL 33431

Name

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

6899 SW 99th St

City

Ocala

FL

Zip Code

34476

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	NEROS, GEORGE	
STREET ADDRESS	2308 NE 28TH STREET	
CITY-ST-ZIP	LIGHTHOUSE PT, FL 00000	
TITLE	SDT	<input type="checkbox"/> Delete
NAME	NEROS, LINDA J	
STREET ADDRESS	2308 NE 28TH STREET	
CITY-ST-ZIP	LIGHTHOUSE PT, FL 00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6899 SW 99th St	
CITY-ST-ZIP	Ocala, FL 34476	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6899 SW 99th St	
CITY-ST-ZIP	Ocala, FL 34476	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)