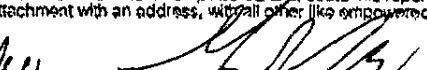


FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # F31178 1. Entity Name OCEANSIDE YACHT & MARINE SALES, INC.				FILED May 02, 2005 08:00 Secretary of State	
Principal Place of Business 6899 SW 99TH ST OCALA FL 34476		Mailing Address 6899 SW 99TH ST OCALA FL 34476 US			
2. Principal Place of Business		3. Mailing Address		1st MOORE CRZE034 (10/04)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2087453 Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Name and Address of Current Registered Agent NEROS, GEORGE 6899 SW 99TH ST OCALA FL 34476	
7. Name and Address of New Registered Agent		Name		City FL Zip Code	
Street Address (P.O. Box Number is Not Acceptable)		City		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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ Signature: Signatory printing name of registered agent and title if applicable (NOTE: Registered Agent signature required when returning) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	ST	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	NEROS, GEORGE		NAME		
STREET ADDRESS	6899 SW 99TH ST		STREET ADDRESS		
CITY - ST - ZIP	OCALA FL 34476		CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  Dec. 4/27/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					