

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
 05-14-2002 90062 006 ***150.00

DOCUMENT # H24043

1. Entity Name
OCEANSIDE MARINE SERVICES, INC.

Principal Place of Business
 % FRANKLIN D. GREENMAN
 5800 OVERSEAS HWY.,STE.40
 MARATHON FL 33050

Mailing Address
 % FRANKLIN D. GREENMAN
 5800 OVERSEAS HWY.,STE.40
 MARATHON FL 33050



2. Principal Place of Business
 1015 15th ST

3. Mailing Address
 Suite, Apt. #, etc.
 790 100th ST. OCEAN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 MARATHON FL

City & State
 MARATHON FL

4. FEI Number 59-2466770

Applied For
 Not Applicable

Zip 33050

Country US

Zip 33050

Country US

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GREENMAN, FRANKLIN D.
 5800 OVERSEAS HWY.,STE.40
 MARATHON FL 33050

7. Name and Address of New Registered Agent

Name JANE C. DISKO-MADDEN
Street Address (P.O. Box Number is Not Acceptable)
 790 100th ST. OCEAN
City MARATHON **FL** **Zip Code** 33050

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 JANE C. DISKO-MADDEN C. Disko-Madden 4-22-02
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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE DV ☐ Delete
NAME MADDEN, JAMES
STREET ADDRESS 1015 15TH ST
CITY-ST-ZIP MARATHON FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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: X *Jane M. Madden* JAMES M MADDEN 305-743-6666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4-22-02 **Daytime Phone #**

CR2E034 (9/01)