

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J08070

1. Entity Name

OCEANSIDE CABINETS, INC.

FILED

Jan 24, 2001 8:00 am  
Secretary of State

01-24-2001 90004 007 \*\*\*158.75

Principal Place of Business

16 N OLEANDER ST  
PO BOX 518  
FELLSMERE FL 32948  
US

Mailing Address

1595 FARNSWORTH AVE  
VALKARIA FL 32950  
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 59-2662780

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

OWENS, WILLIAM DANA  
1595 FARNSWORTH AVE  
VALKARIA FL 32950

Name

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

City

FL

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.

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, 2001 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 DV ☐ Delete  
NAME OWENS, CLAYTON  
STREET ADDRESS 9688 HONEYSUCKLE DR  
CITY-ST-ZIP MICCO FL 32976

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

TITLE D ☐ Delete  
NAME OWENS, ALICIA  
STREET ADDRESS 9801 PINE ST.  
CITY-ST-ZIP MICCO FL

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

TITLE D ☐ Delete  
NAME OWENS, KAREN  
STREET ADDRESS 1595 FARNSWORTH AVE.  
CITY-ST-ZIP VALKARIA FL 32950

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

TITLE P ☐ Delete  
NAME OWENS, WILLIAM VERNON  
STREET ADDRESS 9801 PINE ST.  
CITY-ST-ZIP MICCO FL

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

TITLE ST ☐ Delete  
NAME OWENS, WILLIAM DANA  
STREET ADDRESS 1595 FARNSWORTH AVE.  
CITY-ST-ZIP VALKARIA FL 32950

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Wm. Dana Owens  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/01 (561) 571-0736  
Date Daytime Phone #

CR2E034 (10/00)