

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90057 039 ***150.00

DOCUMENT # J24694

1. Entity Name

OCEANSIDE REALTY OF JUPITER, INC.

Principal Place of Business

Mailing Address

725 N. A1A
 SUITE E108
 JUPITER FL 33477
 US

725 N. A1A
 SUITE E108
 JUPITER FL 33477
 US

732962



(DO NOT WRITE IN THIS SPACE)

2. Principal Place of Business

3. Mailing Address

1000 N. U.S. #1 J201

1000 N US#1 J201

Suite, Apt. #, etc.

Suite, Apt. #, etc.

JUPITER, FL

JUPITER

City & State

City & State

33477, FLORIDA

33477

Zip

Country

Zip

Country

33477 P. BEACH

PBEACH

4. FEI Number **59-2698349**

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

GUINN, CLAUDETTE
725 N. A1A
SUITE 3108
JUPITER FL 33477

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

Claudette Guinn

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

(NOTE: Registered Agent signature required when reinstating)

3/22/01

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 **DP** ☐ Delete
 NAME **GUINN, CLAUDETTE**
 STREET ADDRESS **725 N A1A STE 108**
 CITY-ST-ZIP **JUPITER FL**

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **GUINN, CLAUDETTE**
 STREET ADDRESS **1000 N. U.S. #1, J201**
 CITY-ST-ZIP **JUPITER, FL 33477**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

Claudette Guinn **CLAUDETTE GUINN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/01 **561-746-7476**

Date

Daytime Phone #

CR2E034 (10/00)