

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J96833

1. Entity Name

OCEANWAY BOOKKEEPING, INCOME TAX AND SECRETARIAL

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90066 005 ***150.00

Principal Place of Business

Mailing Address

462 NEW BERLIN ROAD
JACKSONVILLE FL 32218

462 NEW BERLIN ROAD
JACKSONVILLE FL 32218-3827

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2848459**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOSWELL, ETHEL H
462 NEW BERLIN RD
JACKSONVILLE FL 32218

Name
SPEIGLE, ETHEL H.

Street Address (P.O. Box Number is Not Acceptable)
462 NEW BERLIN Rd.

City
JACKSONVILLE

FL

Zip Code
32218

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

ETHEL H SPEIGLE PRES. 1-3-00
(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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SPEIGLE, ETHEL H
462 NEW BERLIN RD
JACKSONVILLE FL 32218

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSD
SCOTT, DOLORES S
462 NEW BERLIN RD
JACKSONVILLE FL 32218

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
DILLARD, LOUANNE W
462 NEW BERLIN RD
JACKSONVILLE FL 32218

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

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☐ Change ☐ Addition

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: Ethel H Speigle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-00 (904) 757-4110
Date Daytime Phone #

CR2E034 (9/99)