

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90319 031 ***150.00

DOCUMENT # K17024

1. Entity Name

OCEAN CITY UTILITIES, INC.



Principal Place of Business

2981 N. A1A
FLAGLER BEACH FL 32136

Mailing Address

P.O. BOX 1559
FLAGLER BEACH FL 32136

2. Principal Place of Business

2455 N. Oceanshore Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.
10

City & State

Flagler Beach FL

City & State

Zip

Zip
32136

Country

Country
Flagler

4. FEI Number

59-2943635

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

SPERRING, THOMAS R., SR
2928 NW 22ND ST
GAINESVILLE FL 32607

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

TITLE ☐ Delete

NAME
DS
SPERRING, THOMAS R., SR
STREET ADDRESS
2928 NW 22ND ST
CITY-ST-ZIP
GAINESVILLE FL

TITLE ☐ Delete

NAME
DVP
SPERRING, PHYLLIS R.
STREET ADDRESS
2928 NW 22ND ST
CITY-ST-ZIP
GAINESVILLE FL

TITLE ☐ Delete

NAME
DP
HAIRELSON, COSKER
STREET ADDRESS
2455 N OCEANSHORE BLVD
CITY-ST-ZIP
FLAGLER BEACH FL 32136

TITLE ☐ Delete

NAME
DT
HUNTER, JANIS L.
STREET ADDRESS
19071 SE 137TH TERRACE
CITY-ST-ZIP
DUNNELLON FL 34431

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT 4-17-03 (886) 439-3235

Date

Daytime Phone #

CR2E034 (10/02)