

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90395 029 ***150.00

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DOCUMENT # P00000073433

1. Entity Name
OCEANSIDE ACCOUNTING & OFFICE SERVICES, INC.



Principal Place of Business
127B INDUSTRIAL RD
BIG PINE KEY FL 33043

Mailing Address
P.O. BOX 432022
BOG KEY FL 33043-2022



2. Principal Place of Business

127 D Industrial Rd
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 432022
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

Big Pine Key, FL

City & State

Big Pine Key FL

4. FEI Number

65-1029391

Applied For

Not Applicable

Zip

33043

Country

Monroe

Zip

33043

Country

Monroe

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MURPHY, SUSAN M
127B INDUSTRIAL RD
BIG PINE KEY FL 33043

7. Name and Address of New Registered Agent

Name

Susan M. Murphy

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

127 D Industrial Rd

City

Big Pine Key FL

Zip

33043

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
Make 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	D	<input type="checkbox"/> Delete
NAME	MURPHY, SUSAN M	
STREET ADDRESS	127B INDUSTRIAL RD	
CITY-ST-ZIP	BIG PINE KEY FL 33043	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 other like empowered.

SIGNATURE:

Susan M. Murphy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-03

305-822-1084

Date

Daytime Phone #

CR2E034 (10/02)