## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P0000091173

1. Entity Name

OCEAN SHORE PROPERTIES, INC.



## FILED Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90143 030 \*\*\*150.00

Principal Place of Business 337 BAMBOO RD PALM BEACH SHORES FL 33404			106	Mailing Address 106 BAMBOO RD PALM BEACH SHORES FL 33404			 			1 <b>1888</b> ((() 1881
2. Principal	Place of Busin	ness	.3M	ailing Address						
Suite, Apt. #, etc.				Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State			City	City & State			4. FEI Number 65-1044662 Applied For			
Zip		Country	Zip		Country		5. Certificate of Status Desired	<b>\$</b>	8.75 Ad	
	6. Name	and Address of C	urrent Register	ed Agent	<del>'</del>			_ F	ee Require	∌d
				oo rigoint	Nan	ne	7. Name and Address of New F	Registered Ac	jent	
TUTALO, GARY P										
337 BAMBOO RD				Street Address			(P.O. Box Number is Not Acceptable)			
PALM BE	ACH SHORE	S FL 33404			<del>-</del>		<del></del>			
ţ					City	· .			Zip Cod	le .
8. The above	named entity	submits this stater	ment for the our	oco of changing its	maniata and a W		· · · · · · · · · · · · · · · · · · ·	FL		
the obliga		_			registered offic	e or registere	d agent, or both, in the State of Flo	orida. I am far	niliar with,	and accept
	Signature, typed o	r printed name of registere	ed agent and title if app	licable. (NOTE	: Registered Agent si	gnature required w	hen reinstating)	DATE		
. Afte	r May 1, 2003	FEE IS \$150.0 Fee will be \$55 Florida Departm	0.00	الله الله			9. Election Campaign Fin Trust Fund Contribution	ancing	\$5:0	O May Be
10.	- ayabic to		·				- I dat and Contribution		Added	I to Fees
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2. 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

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-02

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Daytime Phone #