1/13/01

1-05-01

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Feb 09, 2001 8:00 am Secretary of State DOCUMENT # P00000093385 CENTURY 21 OCEANSIDE SALES, INC. 01-13-2001 90064 019 ***150.00 Principal Place of Business Mailing Address 4775 N. HIGHWAY A 1-A 4775 N. HIGHWAY A 1-A VERO BEACH FL 32963 VERO BEACH FL 32963 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SP City & State City & State 4. FEI Number Applied For Not Applicable Ζίρ Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JORGENSEN, PETER Street Address (P.O. Box Number is Not Acceptable) 1517 20TH ST. VERO BEACH FL 32960 City 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. (NOTE: Registered Agent signature required when rein 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing Tax liling requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ~ · Change ☐ Addition ROGERS, ED NAME NAME STREET ADDRESS 110 CACHE CAY DR. STREET ADDRESS **CR2E034** CITY-ST-ZIP VERO BEACH FL 32963 CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete ROGERS, PAULA NAME 110 CACHE CAY DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32963 Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE" Detete - - -TITLE - 🗀 Change 🦳 🔲 Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Defeta ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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.