

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90138 022 \*\*\*150.00

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**DOCUMENT # P00000106402**

1. Entity Name

**OCEANVIEW AUTOMOTIVE SERVICES, INC.**

Principal Place of Business

Mailing Address

1124 DUSKVIEW DRIVE  
 MERRIT ISLAND FL 32952

1124 DUSKVIEW DRIVE  
 MERRIT ISLAND FL 32952

2. Principal Place of Business

3. Mailing Address

1896 AIA

1896 AIA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Indian Harbour Beach, FL Indian Harbour Beach, FL

4. FEI Number

59-3681453

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PICCO, HENRY G  
 1124 DUSKVIEW DRIVE  
 MERRIT ISLAND FL 32952

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.

SIGNATURE Henry G Picco, President 4/22/01

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

(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, 2001 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  Delete  
 NAME PICCO, HENRY G  
 STREET ADDRESS 1124 DUSKVIEW DRIVE  
 CITY-ST-ZIP MERRIT ISLAND FL 32952

TITLE  Change  Addition  
 NAME Secretary Vicki L. Picco  
 STREET ADDRESS 1124 Duskview DR  
 CITY-ST-ZIP Merritt Island, FL 32952

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: Henry G Picco, President 4/22/01 (321) 777-8777

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (10/00)