

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90070 027 ***150.00

DOCUMENT # P00000106402

1. Entity Name
OCEANVIEW AUTOMOTIVE SERVICES, INC.

Principal Place of Business Mailing Address
1896 A1A **1896 A1A**
INDIAN HARBOR BEACH FL 32937 **INDIAN HARBOR BEACH FL 32937**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number Applied For
59-3681453 Not Applicable

5. Certificate of Status Desired \$8.75-Additional Fee Required

6. Name and Address of Current Registered Agent
PICCO, HENRY G
1124 DUSKVIEW DRIVE
MERRIT ISLAND FL 32952

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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

TITLE	D	<input type="checkbox"/> Delete
NAME	PICCO, HENRY G	
STREET ADDRESS	1124 DUSKVIEW DRIVE	
CITY-ST-ZIP	MERRIT ISLAND FL 32952	
TITLE	S	<input type="checkbox"/> Delete
NAME	PICCO, VICKI L	
STREET ADDRESS	1124 DUSKVIEW DRIVE	
CITY-ST-ZIP	MERRIT ISLAND FL 32952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PICCO, HENRY G	
STREET ADDRESS	1124 DUSKVIEW DR.	
CITY-ST-ZIP	MERRIT ISLAND FL 32952	
TITLE	D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PICCO, VICKI L	
STREET ADDRESS	1124 DUSKVIEW DR.	
CITY-ST-ZIP	MERRIT ISLAND FL 32952	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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* Date 2/13/02 Daytime Phone # (321) 777-8779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CP2E034 (9/01)