

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/24/2003-90291-001-\$8.75-\$8.75 *
4/24/2003-90291-002-\$150.00-\$150.00

DOCUMENT # P02000066654

1. Entity Name
OCEAN AVENUES PUBLISHING, INC.



FILED

03 MAY 12 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
~~124 CANAL STREET~~
~~SEAGROVE BEACH FL 32459~~

Mailing Address
~~124 CANAL STREET~~
~~SEAGROVE BEACH FL 32459~~

2. Principal Place of Business
1409 Sandpiper Cir. 1409 Sandpiper Circle
Suite, Apt. #, etc.

3. Mailing Address
1409 Sandpiper Circle
Suite, Apt. #, etc.

City & State
Sanibel FL
Zip
33957
Country
LEE

City & State
Sanibel FL
Zip
33957
Country
LEE

4. FEI Number
☒ Applied For
☐ Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
STEPHENS, JEFF M
385 HWY 90 EAST SUITE 220
DESTIN FL 32341

7. Name and Address of New Registered Agent
Name
Dyan S. Mercer
Street Address (P.O. Box Number is Not Acceptable)
1409 Sandpiper Circle
City
Sanibel FL Zip Code
33957

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
Dyan S. Mercer

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 NAME STREET ADDRESS CITY-ST-ZIP	PTD MECER, DYAN S 124 CANAL STREET SEAGROVE BEACH FL 32459 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MERCER, JAMES C 124 CANAL STREET SEAGROVE BEACH FL 32459 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE: Dyan S. Mercer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-03 239-470277

Date Daytime Phone #

CR2034 (10/02)