

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000080536

1. Entity Name  
OCEANSIDE PUBLISHING, INC.

**FILED**  
**Jan 14, 2002 8:00 am**  
**Secretary of State**

01-14-2002 90014 003 \*\*\*150.00

0118367 AV

Principal Place of Business  
3450 OCEAN BCH BLVD  
#801  
COCOA BEACH FL 32931  
US

Mailing Address  
2023 N. ATLANTIC AVE  
#313  
COCOA BEACH FL 32931-3386



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
P.O. Box 320118  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Cocoa Beach, Florida  
Zip  
32932-0118  
Country  
Brevard

4. FEI Number  
59-3205777  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
CRAIGS, J.M.  
2023 N. ATLANTIC AVE  
#313  
COCOA BEACH FL 32931-3386

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 \_\_\_\_\_ (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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PS CRAIGS, J.G. 104 NORTH ST., #2 HOULTON ME 04730	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT CRAIGS, J.M. 2023 N ATLANTIC AVE. #313 COCOA BEACH FL 32931-3386	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	1 NORTH COURT #2 HOULTON, MAINE 04730	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.O. Box 320118 Cocoa Beach, Florida 32932-0118	<input checked="" 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

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: \_\_\_\_\_  
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

01-05-02 321-693-1530  
Date Daytime Phone #

CR2E034 (9/01)