

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 06, 2003 8:00 am**  
**Secretary of State**

01-06-2003 90038 006 \*\*\*150.00

**DOCUMENT # P93000080536**



1. Entity Name  
**OCEANSIDE PUBLISHING, INC.**

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

Mailing Address  
**PO BOX 320118**  
**COCOA BEACH FL 32932-0118**

2. Principal Place of Business  
**4356 Four Lakes Drive**  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 410578**  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State  
**Melbourne, FL**

City & State  
**Melbourne, FL**

4. FEI Number **59-3205777**

Applied For  
Not Applicable

Zip  
**32940**

Country  
**Brevard**

Zip  
**32941-0578**

Country  
**Brevard**

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  
**CRAIGS, J.M.**  
Street Address (P.O. Box Number is Not Acceptable)  
**4356 Four Lakes Drive**  
City  
**Melbourne** FL Zip Code  
**32940**

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 *J.M. Craigs VP.*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01/02/03  
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	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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS CRAIGS, J.G. 1 NORTH COURT #2 HOULTON, ME 04730-1869	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT CRAIGS, J.M. P.O. Box 410578 Melbourne, FL 32941-0578	<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

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: *James M. Craigs*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-02-03  
Date

321-693-1530  
Daytime Phone #

CR2E034 (10/02)