## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED May 03, 2001 8:00 am Secretary of State DOCUMENT # P95000009114 1. Entity Name OCEANSIDE CANVAS, INC. 05-03-2001 90061 043 \*\*\*150.00 Principal Place of Business Mailing Address 3270 BAY 295-R SW 3 AVE 3270 BAY 295-R SW 3 AVE FT LAUDERDALE FL 33315 FT LAUDERDALE FL 33315 A P T O A A 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0525212 Not Applicable Country Zip Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name - -BAKER, KAREN Street Address (P.O. Box Number is Not Acceptable) C/O BAKER & ASSOCIATES 11911 SW 13 CT DAVIE FL 33325 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition ☐ Delete TITLE HOLDEN, MARY E NAME NAME STREET ADDRESS 2323 STATE RD 84 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33312 ☐ Change ☐ Addition TITLE Defete TITLE NAME HOLDEN, ROBERT NAME STREET ADDRESS 488 SW-126 TERR. STREET ADDRESS FORT LAUDERDALE FL 33325 CITY-ST-ZIP CITY-ST-ZIP ☐ Change - Addition - 🔲 Delete 👓 TITLE TITLE. DAVIS, CAROL NAME NAME 11641 SW. 11TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-7IP FORT LAUDERDALE FL 33325 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE HOLDEN, MARY E NAME NAME STREET ADDRESS STREET ADDRESS 2323 STATE RD 84 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33312 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 AND THE ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/2001 1-954-524-0940
Date Daytime Phone #