2001 UNIFORM BUSINESS REPORT (UBR)

Mar 28, 2001 8:00 am DOCUMENT # **P95000014458** Secretary of State 1. Entity Name 03-28-2001 90187 048 ***150.00 2448 OCEAN SHORE, INC. Principal Place of Business Mailing Address 2448 S OCEANSHORE BLVD P O BOX 660 おいりりゅ FLAGLER BEACH FL 32136 FLAGLER BEACH FL 32136 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 59-3296488 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TIPTON: CHRISTOPHER D Street Address (P.O. Box Number is Not Acceptable) 2448 S OCEANSHORE BLVD FLAGLER BEACH FL 32713 City 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 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. CR2E034 (10/00) TITLE ☐ Delete Change ☐ Addition CHRISTOPHER D TIPTON NAME NAME STREET ADDRESS STREET ADDRESS 2448 S OCEANSHORE BLVD CITY-ST-ZIP CITY-ST-ZIP FLAGLER BEACH FL Addition TITLE ☐ Delete TITLE ☐ Change JANIS W TIPTON NAME NAME STREET ADDRESS STREET ADDRESS 2448 S OCEANSHORE BLVD CITY-ST-ZIP CITY-ST-7IP FLAGLER BEACH FL Change Addition TITLE ☐ Delete TITLE CHRISTOPHER D TIPTON NAME NAME STREET ADDRESS STREET ADDRESS 2448 S OCEANSHORE BLVD CITY-ST-ZIP CITY-ST-ZIP FLAGLER BEACH FL ☐ Delete TITLE ☐ Change ☐ Addition NAME JANIS W TIPTON NAME STREET ADDRESS STREET ADDRESS 2448 S OCEANSHORE BLVD CITY-ST-ZIP CITY-ST-7IP FLAGLER BEACH FL TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

☐ Change

☐ Addition