

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

0402594 AV

DOCUMENT # P95000045795

1. Entity Name
OCEAN CITY DEVELOPMENT CO., INC.

04-10-2002 90445 018 ***150.00

Principal Place of Business

Mailing Address

~~705 BOND WAY~~
~~DELRAY BEACH FL 33483~~

~~705 BOND WAY~~
~~DELRAY BEACH FL 33483~~



2. Principal Place of Business

2703 N. Dixie Hwy

Suite, Apt. #, etc.

3. Mailing Address

2703 N Dixie Hwy

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Delray Beach, FL

City & State

Delray Beach, FL

4. FEI Number

65-0593025

Applied For

Not Applicable

Zip

33483

Country

USA

Zip

33483

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

JENNINGS, REBECCA A

~~705 BOND WAY~~

~~DELRAY BEACH FL 33483~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2703 N Dixie Highway

City

Delray Beach

FL

Zip Code
33483

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

Rebecca Jennings
 Signature, typed or printed name of registered agent and fee, if applicable. (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	P JENNINGS, REBECCA A	<input type="checkbox"/> Delete
STREET ADDRESS	705 BOND WAY	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	P Jennings, Rebecca A	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2703 N Dixie Hwy	
CITY-ST-ZIP	Delray Beach 33483	
TITLE NAME	VP Jennings, Russell B	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2703 N Dixie Hwy	
CITY-ST-ZIP	Delray Beach, FL 33483	
TITLE NAME	T Cuenot, Thomas L	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	86 W Cypress Road	
CITY-ST-ZIP	Lake Worth, FL 33467	
TITLE NAME	S Cuenot, Nanciam M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	86 W Cypress Road	
CITY-ST-ZIP	Lake Worth, FL 33467	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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:

Rebecca Jennings
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/02 561-276-6472
 Date Daytime Phone #

CR2E034 (9/01)