## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## P95000045795 **DOCUMENT #**

1. Entity Name

OCEAN CITY DEVELOPMENT CO. INC.



## Mar 10, 2003 8:00 am 5 Secretary of State **FILED**

03-10-2003 90112 022 \*\*\*150.00

002	·	7 WILLIAN 00., WA	<b>O</b> .				/					
Principal Place of Business 2703 N. DIXIE HWY DELRAY BEACH FL 33483			Mailing Address 2703 N. DIXIE HWY DELRAY BEACH FL 33483			<u>.,.</u>						
2. Principal Place of Business			3. Mailing Address					# 1880*1880 #18 YOTO OTAX BRILL BRILL		FI GILLI IDALA	10(0) 0(1) 1051	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				-	CHECK HERE IF MAKING CHANGES				
City & State			City & State			4.	4. FEI Number 65-0593025			pplied For ot Applicable		
Zip	· · · · ·	ountry	Zip		Count	ry	5.	Certificate of Status Desired	□ \$	8.75 Ad	ditional	
	6. Name and	Address of Current Re	gistered Age	ent			7.	Name and Address of New Re			,,,	
	DEBEAS:					Name						
JENNINGS, REBECCA A 2703 N DIXIE HIGHWAY			_			Street Address	Street Address (P.O. Box Number is Not Acceptable)					
DELRAY E	BEACH FL 33483	1985 1985										
1.1	<b>.</b>	;		,	-	City			FL	Zip Cod	le	
the obligation	tions of registered	mits this statement for tagent.	ne purpose of	changing its reg	istere	d office or registe	ered ag	gent, or both, in the State of Flori	da. I am fa	miliar with,	and accept	
SIGNATURE												
· / í		ted name of registered agent and	title if applicable.	(NOTE: Reg	gistered	Agent signature require	d when r	reinstating)	DATE			
F Afte Make Check					9. Election Campaign Final Trust Fund Contribution.	ncing		<b>0</b> May Be				
10.	,	OFFICERS AND DI		I	11.		. AD		ERS AND E	DIRECTOR	S IN 11	
TITLE	Р ,			Delete	TITLE					Change	☐ Addition	
NAME	JENNINGS, RE				NAME	l						
STREET ADDRESS CITY-ST-ZIP	2703 N DIXIE H DELRAY BEACI					T ADDRESS ST-ZIP						
TITLE	VP			Delete	TITLE				1	Change	☐ Addition	
NAME	JENNINGS, RU				NAME					_	_	
STREET ADDRESS CITY-ST-ZIP	2703 N DIXIE H DELRAY BEACH				STREET _CITY-5	T ADDRESS						
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STREET ADDRESS	86 W CYPRESS	S ROAD				T ADDRESS						
CITY-ST-ZIP	LAKE WORTH I	EL 33467 -	<u>-</u>		CITY-5	ST-ZIP						
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	86 W CYPRESS				NAME STREET	T ADDRESS						
	LAKE WORTH			1	CITY-S	l l					}	
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NAME					NAME							
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CITY-ST-ZIP					CITY-S	51-ZIP			=			
TITLE NAME				Delete	TITLE					Change	☐ Addition	
STREET ADDRESS						T ADDRESS					1	
CITY-ST-ZIP					CITY-S							
12. I hereby o	ertify that the info	mation supplied with th	is filina does r	not qualify for the	evem	ntion stated in Se	ection	119.07/3Vi). Florida Statutes I fu	rthor cortifi	that the ir	formation	

indicated on this report or supplied with this hing 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 expressed 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: