

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000007240

1. Entity Name
OCEAN PALACE ENTERPRISES, INC.

Principal Place of Business
4265 A1A SOUTH
ST AUGUSTINE FL 32084

Mailing Address
4265 A1A SOUTH
ST AUGUSTINE FL 32084-4501
US

FILED
Jul 12, 2000 8:00 am
Secretary of State

07-12-2000 90011 024 ***550.00

A0067456



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
OCEAN PALACE II

3. Mailing Address
SAME AS ABOVE

Suite, Apt. #, etc.
4265 A1A SOUTH

Suite, Apt. #, etc.

City & State
ST AUGUSTINE FLORIDA

City & State

4. FEI Number 59-3373453

☒ Applied For
☐ Not Applicable

Zip
32084

Country
U.S.A

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHANG, JOHN H
4265 A1A SOUTH
ST AUGUSTINE FL 32084-4501

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
STREET ADDRESS
CITY-ST-ZIP
P
CHANG, JOHN H
4265 A1A SOUTH
ST AUGUSTINE FL 32084-4501 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
CHANG, MARJORIE H
4265 A1A SOUTH
ST AUGUSTINE FL 32084-4501 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: *JOHN H CHANG*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 5, 2000

(904) 471-6128

Date

Daytime Phone #

CR2E034 (5/00)