

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000056937

1. Entity Name
OCEANSIDE ASSETS, INC.

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90030 043 ***150.00

Principal Place of Business
2600 DOUGLAS ROAD
SUITE 911
CORAL GABLES FL 33134

Mailing Address
2600 DOUGLAS ROAD
SUITE 911
CORAL GABLES FL 33134

2. Principal Place of Business
3931 S.W. College Rd.

3. Mailing Address
3931 S.W. College Rd.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Ocala, FL

City & State
Ocala, FL

4. FEI Number 65-0681568

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
LUSTIG, ROY R
2600 DOUGLAS ROAD
SUITE 911
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
Name
Glenn Lane
Street Address (P.O. Box Number is Not Acceptable)
3931 S.W. College Road
City Ocala FL Zip Code 34474

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 2/16/01

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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 | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PDS GADINSKY, MARILYN 2600 DOUGLAS ROAD, SUITE 911 CORAL GABLES FL <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PDS Glenn Lane 3931 S.W. College Road Ocala, FL 34474 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 or without other like empowered.

SIGNATURE: Glenn Lane 2/16/01 (352) 854-0909

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)