

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000090427

1. Entity Name

OCEAN AIR MOTEL, INC.

**FILED**  
**May 07, 2000 8:00 am**  
**Secretary of State**

05-07-2000 90037 025 \*\*\*150.00

Principal Place of Business

Mailing Address

1161 N DIXIE FREEWAY  
NEW SMYRNA BEACH FL 32168

1161 N DIXIE FREEWAY  
NEW SMYRNA BEACH FL 32168-6070

2. Principal Place of Business

6093 JASMINE VINE DR.

Suite, Apt. #, etc.

3. Mailing Address

6093 JASMINE VINE DR.

Suite, Apt. #, etc.

City & State

PORT ORANGE FLORIDA

City & State

PORT ORANGE FLORIDA

Zip

32124

Country

USA

Zip

32124

Country

USA

4. FEI Number

59-3418402

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TURNER, GARY J  
1161 N DIXIE FREEWAY  
NEW SMYRNA BEACH FL 32168

Name  
GARY J. TURNER

Street Address (P.O. Box Number is Not Acceptable)  
6093 JASMINE VINE DR.

City  
PORT ORANGE FL Zip Code  
32124

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 GARY J. TURNER DATE 4/24/00

Signature, typed or printed name of registered agent and title 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, 2000 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 ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
TURNER, GARY J  
1161 N DIXIE FREEWAY  
NEW SMYRNA BEACH FL 32168

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GARY J. TURNER  
6093 JASMINE VINE DR.  
PORT ORANGE FL 32124

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
TURNER, JUTTA  
1161 N DIXIE FREEWAY  
NEW SMYRNA BEACH FL 32168

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
JUTTA TURNER  
6093 JASMINE VINE DR.  
PORT ORANGE FL 32124

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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: GARY J. TURNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/24/00

DATE

DAYTIME PHONE # 904.304.9840

DAYTIME PHONE #

CR2E034 (9/99)