2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P97000038446** Aug 31, 2000 8:00 am Secretary of State 1. Entity Name OCEANSIDE MORTGAGE CORPORATION 08-31-2000 90113 028 ***150.00 Principal Place of Business Mailing Address 13974 SHIPWRECK CIRCLE SOUTH 13974 SHIPWRECK CIRCLE SOUTH JACKSONVILLE FL 32224 JACKSONVILLE FL 32224 AUU74871 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3442988 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCHNEIDER, RONALD T. Street Address (P.O. Box Number is Not Acceptable) 13974 SHIPWRECK CIRCLE SOUTH JACKSONVILLE FL 32224 City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PSTD ☐ Delete ☐ Addition TITLE TITLE SCHNEIDER, RONALD T I NAME NAME STREET ADDRESS 13974 SHIPWRECK CIRCLE SOUTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32224 ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIE Addition TITLE ☐ Delete TITI F Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ 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 attactorient with an address, with all other like propowered.

NAME

STREET ADORESS City-St-Zip

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/00

9042239890

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OCEANSIDE MORTGAGE CORPORATION

13974 SHIPWRECK CIRCLE SOUTH JACKSONVILLE, FLORIDA 32224

BUS: 904-223-9890 FAX: 904-223-0908 CELL: 904-616-5654

To Whom it may Concern, I recently received my uniform Business uport and it stated second notice. I called the 1-850-488-9000 number and explained I sever secured the first Notice. I am usually very good at sending any Correspondence both to the state of Placeder and I was toed to send in 400 with a letter explaining my situation. I know I would have mailed you the chiek because I have an action mortgage business and would not jeopolize that. I supprimate your attention to this matter. La Slaved