

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90093 021 ***150.00

DOCUMENT # P97000064458

1. Entity Name

OFF SHORE - INLAND ENTERPRISES, INC.

Principal Place of Business

Mailing Address

**248 N CAUSEWAY
 NEW SMYRNA BEACH FL 32169
 US**

**248 N CAUSEWAY
 NEW SMYRNA BEACH FL 32169-5232
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3457957

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

**WILSON, JAY A
 375 WALKER ROAD
 NEW SMYRNA BEACH FL 32168**

Name

~~SID C. PETERSON~~

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

~~418 CANAL ST.~~

City

~~NEW SMYRNA BEACH~~

FL

Zip Code

~~32168~~

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

Jay Wilson **JAY WILSON**

4-28-00

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 **PD** ☐ Delete
 NAME **HUFF, JOHN J**
 STREET ADDRESS **51 CUNNINGHAM DRIVE**
 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

TITLE **D** ☐ Change ☒ Addition
 NAME **SCHARF, FRANK C**
 STREET ADDRESS **967 SMOKERISE BLVD**
 CITY-ST-ZIP **PORT ORANGE, FL 32127**

TITLE **V** ☐ Delete
 NAME **WILSON, JAY A**
 STREET ADDRESS **375 WALKER ROAD**
 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

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

TITLE **S** ☐ Delete
 NAME **HENRY, TOM D**
 STREET ADDRESS **203 CASTILE STREET**
 CITY-ST-ZIP **NEW SMYRNA BEACH FL 32169**

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

TITLE **T** ☐ Delete
 NAME **ORMSBY, ANGEREAU G**
 STREET ADDRESS **2690 SPRUCE CREEK BLVD**
 CITY-ST-ZIP **DAYTONA BEACH FL 32124**

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:

Jay Wilson **JAY WILSON**

4-28-00

904-427-4514

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #