

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91778 044 ***150.00

0610723 AV

DOCUMENT # P97000073000

1. Entity Name
OCEAN ATLANTIC CARPET AND TILE CO.



Principal Place of Business
PO BOX 2756
STUART FL 34997

Mailing Address
PO BOX 2756
STUART FL 34997

11041176



2. Principal Place of Business

3311 SB Federal Hwy.
Suite, Apt. #, etc.

3. Mailing Address

3311 SB Federal Hwy.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Stuart FL

City & State

Stuart FL

4. FEI Number

65-0784450

Applied For

Not Applicable

Zip

34997

Country

Marlin

Zip

34997

Country

Marlin

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AGELASTRO, PAUL S
1124 SW 35TH ST
PALM CITY FL 34990

7. Name and Address of New Registered Agent

Name **Angelastro, Paul**

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

City **Palm City**

FL

Zip Code **34990**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **[Signature] Pros**

4-02-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **ANGELASTROM, PAUL S**
STREET ADDRESS **1124 SE 35TH ST**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **ANGELASTRO, PAUL S.** ☒ Delete
NAME **ANGELASTRO, PAUL S.**
STREET ADDRESS **1124 SE 3**
CITY-ST-ZIP

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/** ☒ Change ☐ Addition
NAME **ANGELASTRO, PAUL**
STREET ADDRESS **3311 SB FEDERAL HWY**
CITY-ST-ZIP **STUART FL 34997**

TITLE **ANGELASTRO, PAUL** ☐ Change ☒ Addition
NAME **ANGELASTRO, PAUL**
STREET ADDRESS **3311 SB FEDERAL HWY**
CITY-ST-ZIP **STUART FL**

TITLE **ANGELASTRO, FRAN** ☐ Change ☒ Addition
NAME **ANGELASTRO, FRAN**
STREET ADDRESS **4502 N FEDERAL APT 139**
CITY-ST-ZIP **Lt House Point FL 33064**

TITLE **ANGELASTRO, FRAN** ☐ Change ☒ Addition
NAME **ANGELASTRO, FRAN**
STREET ADDRESS **4502 N FEDERAL HWY APT 139**
CITY-ST-ZIP **Lt House Point FL 33064**

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **[Signature] REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-02-03

Date

772-288-1411

Daytime Phone #

CR2E034 (10/02)