2000 UNIFORM BUSINESS REPORT (UBR) FHEDDOCUMENT # \$ 98 - 0000 486 79. May 24, 2000 8:00 am Secretary of State OCEAN BIVD, ENTERPRISES, INC. 05-24-2000 90182 020 ***150.00 Principal Place of Business Mailing Address 5151 OCEAN BIVO. 5151 OCEAN BIVO SAZASOTA, FL. 34242 SARASSTA, FL. 34242.
2. Principal Place of Business
5151 OCCAN BIVO. -1 0-3 1 6 4 3. Mailing Address 5151 OCCAN BIVD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State
SARASOTA, Applied For 4. FEI Number City & State City & State

ARASOTA, FLORIDA SARASOT

Zip

SHRASOTA

6. Name and Address of Current Registered Agent 59-3514107 FLORIDA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired PARASOTA Fee Required 7. Name and Address of New Registered Agent Name TEO FRENCH Street Address (P.O. Box Number is Not Acceptable) 1750 RINGLING BIVD. SARASOTA, FL, 34236-6859 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5,00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12 PACSI OENT ☐ Delete TITLE TITLE ROWAID J. RUZGIS 5152 WINDWARD AUC NAME STREET ADDRESS STREET ADDRESS SARASOTA, FL, 34242 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP Addition ☐ Change ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ___ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change - Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. Ruzgis SIGNATURE: