

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000062905

1. Entity Name

OCEAN 32 REALTY GROUP, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90031 036 ***550.00

Principal Place of Business

469-9 ATLANTIC BLVD
ATLANTIC BEACH FL 32233

Mailing Address

469-9 ATLANTIC BLVD
ATLANTIC BEACH FL 32233

2. Principal Place of Business

1639 BOACH BLVD

3. Mailing Address

1639 BOACH BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE BOACH FL

City & State

JACKSONVILLE BOACH

4. FEI Number

59-3523615

Applied For

Not Applicable

Zip

32250

Country

USA

Zip

32250

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SACHS, PETER
405 SOUTH ST.
NEPTUNE BEACH FL 32266

7. Name and Address of New Registered Agent

Name SACHS - PETER

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

261 1ST STREET

City ATLANTIC BOACH

FL

Zip Code 32233

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)

9/3/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE P
NAME SACHS, PETER
STREET ADDRESS 405 SOUTH ST
CITY-ST-ZIP NEPTUNE BEACH FL 32266 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME SACHS, PETER
STREET ADDRESS 261 1ST STREET
CITY-ST-ZIP ATLANTIC BOACH FL 32233 ☐ Change ☐ Addition

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/3/00

DATE

(904) 241-9580

Daytime Phone #

CF 1014 (3/00)