

**FILED**

05-05-2001 91104 025 \*\*\*150.00

548776



DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000090421

1. Entity Name  
OCEANSIDE FRAME IT, INC.

Principal Place of Business  
237 FIFTH AVE  
INDIALANTIC FL 32903

Mailing Address  
237 FIFTH AVE  
INDIALANTIC FL 32903

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
ZipCountry

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
ZipCountry

6. Name and Address of Current Registered Agent  
BARKAS, ROBERT  
180-6 PARADISE BLVD  
INDIALANTIC FL 32903

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
CityFLZip 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  
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-stating) 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, 2001 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  
TITLENAMESTREET ADDRESSCITY-ST-ZIP  
P  
BARKAS, ROBERT  
180-6 PARADISE BLVD  
INDIALANTIC FL 32903  
Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
TITLENAMESTREET ADDRESSCITY-ST-ZIP  
ChangeAddition  
Delete

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] ROBERT BARKAS 4-25-01 321-725-9196  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

May 05, 2001 8:00 am

Secretary of State

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[Barcode]

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4. FEI Number 59-3540526  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required