

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000104582

1. Entity Name

OCEAN PARK SERVICES, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90069 012 ***158.75

Principal Place of Business

Mailing Address

343 Almeria Avenue
Coral Gables, Florida 33134

A0023139

2. Principal Place of Business

6822 22nd Avenue North

3. Mailing Address

Suite, Apt. #, etc.

Suite 273

Suite, Apt. #, etc.

City & State

St. Petersburg, Florida

City & State

Zip

33710

Country

U.S.

Zip

Country

4. FEI Number

59-3593074

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Amerilawyer
343 Almeria Avenue
Coral Gables, Florida 33134

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip 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 reinstating)

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
PTD	Anita O. Richardson	6822 22nd Avenue, Suite 273	St. Petersburg, Florida 33710		
VSD	Lee Richardson	6822 22nd Avenue, Suite 273	St. Petersburg, Florida 33710	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> 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:

Lee D. Richardson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1/27/00

Daytime Phone 8138825101

CR2E034 (9/99)