## 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000031403 Sep 11, 2000 8:00 am Secretary of State 1. Entity Name OCEAN FRONT RETREATS, INC. 09-11-2000 90022 041 \*\*\*150.00 Principal Place of Business Mailing Address 177 TWELVE OAKS LANE 177 TWELVE OAKS LANE PONTE VEDRA BEACH FL 3206 PONTE VEDRA BEACH FL 32062 32080 DUTUUTTU 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For City & State Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 urpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity elamits this statement quired when reinstating) FILE NOW!!! FEE IS \$550.00 finis corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. 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 12. 11. Change Addition TITLE TITLE REA. NORMA J NAME NAME 177 TWELVE OAKS LANE STREET ADDRESS STREET ADDRESS PONTE VEDRA BEACH FL 32062 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP Change \_\_\_ Addition\_ . Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Maddition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F TITLE ☐ Delete NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ 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 received in trustee empowered to execute the 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 in the anaddress with all other like empowered. SIGNATURE

attachment # P9900031403

OCEAN FRONT RETREATS, INC. 177 TWELVE OAKS LANE PONTE VEDRA. FL 32082

September 9, 2000

Florida Department of State
Division of Corporations
P.O.Box 6327
Tallahassee, FL-32314

To whom it may concern:

Enclosed, please find, my Uniform Business Report along with my check for \$150.00.

The reason for this particular check amount is I am writing you to ask for relief from the \$400.00 penalty that has been imposed. This company is barely a year old and a very small business as well. To be quite frank, I was not even familiar with this report nor did I receive your first mailing. Please also notice that an incorrect zip code had been recorded on this return and that it needs to be changed for me to receive future mailings from you.

I understand the reason that you impose penalties and that if this was to ever happen to my company again, I would certainly deserve it. However, I do not believe that it is the States intent, to impose such large penalties on a fledgling, small company, who is just getting started and learning of it's responsibilities to you.

Please be assured that I have also met with my accountant, since the receipt of this report, and have asked him to advise me of any other reports or forms that I am responsible for, so that I will always remain compliant to the State of Florida and all others.

I thank you in advance for your understanding and reconsideration of the penalty. I'll look forward to hearing

from you.

Sincerely

Norma Rea President

> PHONE: 904-285-4731 FAX: 904-285-4153

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