

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034831

1. Entity Name

OCEAN SHORES REALTY, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90161 002 ***150.00

Principal Place of Business

934 N. VICTORIA PARK ROAD
 FT. LAUDERDALE FL 33304

Mailing Address

934 N. VICTORIA PARK ROAD
 FT. LAUDERDALE FL 33304-4478

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0909963

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBINSON, JOHNNY L JR
 1701 CORAL GABLES GARDEN DRIVE
 WILTON MANORS FL 33334

Name Robinson Johnny L Jr.

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

1601 NE 16th St.

Ft. Laud. FL. 33304

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

AD DIRECTORS IN 11

TITLE ☐ Delete
 NAME Blaire Colby
 STREET ADDRESS Pres.
 CITY-ST-ZIP 1601 NE 16th St. Ft. Laud. FL 33304

☐ Change ☐ Addition

TITLE ☐ Delete
 NAME Bence Stone
 STREET ADDRESS VP
 CITY-ST-ZIP 2012 Coral Shores Ft. Laud. FL 33324

☐ Change ☐ Addition

TITLE ☐ Delete
 NAME John Robinson
 STREET ADDRESS See
 CITY-ST-ZIP 1601 NE 16th St. Ft. Laud. FL 33304

☐ Change ☐ Addition

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 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.

SIGNATURE:

Blaire Colby
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/23/2000

CE 1014 (9/99)