2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # R 99,000 (033) Aug 03, 2000 8:00 am Best Western Ocean, Inn, Inc. Secretary of State 08-03-2000 90001 005 ***150.00 Principal Place of Business 3955 AIA South 3955 AIA SOUTH St. Augustine FL St. Augustine FL 32084 Suite Apl # etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 達5<u>9</u>三361*39.67* Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Gregory A_Trzaska 3955 AIA South Street Address (P.O. Box Number is Not Acceptable) St. Augustine, FL 32084 City Zip Code F١ 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, typed or printed name of registered agent and site if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOWILLEE IS \$150.00 9.-This corporation is eligible to satisfy its Intangible. After MAY 1 2000 Fee will be \$550.00 10. Election Campaign Financing \$5:00 May Be 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE Change NAME NAME Gregory Trzaska 101 Sandpiper blvd. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-77P St Augustine FL Change ☐ Addition TITLE Delete TITLE NAME Antoni Trzaską 7462 Winding Trail PL. NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP City-ST-ZIP Concord Offic 44077 Change ☐ Addition TITLE ☐ Delete TITLE HAME H-ME Teresa Trzaska -STREET ADDRESS STREET ADDRESS 7462 Winding Trais PL CITY-ST-ZIP CITY-ST-ZIP Concold Office 44077 TITLE ☐ Delete TITLE ☐ Change ☐ Addition Marlene Trząska NAME NAME STREET ADDRESS STREET ADDRESS 101 sandpiper blud. CITY-ST-ZIP CITY-ST-ZIP St. Augustine FL 32084 ☐ Chance Addition TITLE ☐ Delete ITILE NAME NAME Tima & Peter Joyce 15 S. Shafer St. # 1905 STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Amens Ohio 45701 THLE ☐ Addition ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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. GICEGOLY A. Trzeska 6/16/00 904-471-8010 SIGNATURE: -