

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2002 8:00 am
Secretary of State

04-04-2002 90009 033 ***150.00

DOCUMENT # S20629

1. Entity Name
OCEAN SANDS OF ST. AUGUSTINE, INC.

Principal Place of Business
3465 COASTAL HWY.
ST. AUGUSTINE FL 32084

Mailing Address
3465 COASTAL HWY
ST. AUGUSTINE FL 32084



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3044964**

Applied For

Not Applicable

Zip
32084

Country

Zip
32084

Country

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

BERG, ARVID E
348 VILLAGE DRIVE
ST. AUGUSTINE FL 32095

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 _____ (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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **DP**
STREET ADDRESS **BERG, ARVID E**
CITY-ST-ZIP **348 VILLAGE DRIVE**
ST. AUGUSTINE FL 32095

☒ Change ☐ Addition
TITLE
NAME **4 CHRISTOPHER COURT**
STREET ADDRESS **PALM COAST, FL**
CITY-ST-ZIP **32137**

TITLE ☐ Delete
NAME **TVP**
STREET ADDRESS **BERG, MARLYS J**
CITY-ST-ZIP **348 VILLAGE DRIVE**
ST. AUGUSTINE FL

☒ Change ☐ Addition
TITLE
NAME **4 CHRISTOPHER COURT**
STREET ADDRESS **PALM COAST, FL**
CITY-ST-ZIP **32137**

TITLE ☐ Delete
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STREET ADDRESS
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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: Arvid E. Berg **ARVID E. BERG** **3/27/02** **386-447-7148**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)