

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90161 044 ***150.00

DOCUMENT # S20629

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



Principal Place of Business
**3465 COASTAL HWY.
SAINT AUGUSTINE FL 32084**

Mailing Address
**3465 COASTAL HWY.
SAINT AUGUSTINE FL 32084**



2. Principal Place of Business
4 CHRISTOPHER CT.
Suite, Apt. #, etc.

3. Mailing Address
4 CHRISTOPHER CT
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
PALM COAST, FL.
Zip
32137
Country
USA

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PALM COAST, FL
Zip
32137
Country
USA

4. FEI Number
59-3044964

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **BERG, ARVID E.**
Street Address (P.O. Box Number is Not Acceptable)
4 CHRISTOPHER CT.
City **PALM COAST, FL** Zip Code **32137**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Arvid E. Berg*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BERG, ARVID E 4 CHRISOPHER CT PALM COAST FL 32137	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVP BERG, MARLYS J 4 CHRISTOPHER CT PALM COAST FL 32137	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Signature Required*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/03

Date

386-447-7148

Daytime Phone #

CR2E034 (10/02)