

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002014

1. Entity Name

OCEAN VIEW SOUTHPORT CORPORATION

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90090 020 ***158.75

Principal Place of Business

Mailing Address

2507 POST RD
SOUTHPORT CT 06490

2507 POST RD
SOUTHPORT CT 06490-1259

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

06-1543299

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

UCC FILING & SEARCH SERVICES, INC.
526 EAST PARK AVE.
STE. 200
TALLAHASSEE FL 32302

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CP ☐ Delete
NAME WILBUR, E. PACKER
STREET ADDRESS 648 HARBOR RD
CITY-ST-ZIP SOUTHPORT CT 06490

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME DELO, DAVID
STREET ADDRESS 50 NORTHUMBERLAND ST, EDINBURGH SCOTLAND
CITY-ST-ZIP EH3 6JE, UNITED KINGDOM

TITLE YD ☒ Change ☐ Addition
NAME DELO, DAVID
STREET ADDRESS 2507 Post Road
CITY-ST-ZIP Southport CT 06490

TITLE VD ☐ Delete
NAME YOUNG, DAVID
STREET ADDRESS 50 NORTHUMBERLAND ST, EDINBURGH SCOTLAND
CITY-ST-ZIP EH3 6JE, UNITED KINGDOM

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME HAZEN, WENDY F
STREET ADDRESS 1 TWILIGHT PLACE
CITY-ST-ZIP NORWALK CT 06854

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

Wendy F Hazen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/00 203-255-3434

CR2E034 (9/99)