

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 APR 17 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 300870
1. Entity Name
 ATLANTIC & OCEAN, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 29 N. OCEAN AVENUE Suite, Apt. #, etc.	3. Mailing Address P. O. BOX 263146 Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State DAYTONA BEACH, FL	City & State DAYTONA BEACH, FL	4. FEI Number 59-1158968	Applied For <input type="checkbox"/> Not Applicable
Zip 32118	Country VOLUSIA	Zip 32126-3146	Country VOLUSIA

**DO NOT WRITE
IN THIS SPACE**

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

7. Name and Address of Current Registered Agent

Name
JOSEPH D. KROL

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

City
DAYTONA BEACH

FL **Zip Code**
32114

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 _____ **DATE** _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE P/S/T/D	NAME FOREST, MICHAEL J.	TITLE	NAME
STREET ADDRESS 105 NORTH HALIFAX AVENUE	CITY - ST - ZIP DAYTONA BEACH, FL 32118-4250	STREET ADDRESS	CITY - ST - ZIP
TITLE V/D	NAME FOREST, ANGELINE	TITLE	NAME
STREET ADDRESS 105 NORTH HALIFAX AVENUE	CITY - ST - ZIP DAYTONA BEACH, FL 32118-4250	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP	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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael J. Forest* **Date** 3-14-02 **Daytime Phone #** (386) 252-0227

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)