

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

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90115 044 ***150.00

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

00043806

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.

DO NOT WRITE IN THIS SPACE

City & State
DAYTONA BEACH, FL

City & State
DAYTONA BEACH, FL

Zip Country
32118 VOLUSIA

Zip Country
32126-3146 VOLUSIA

4. FEI Number
59-1158968

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
JOSEPH D. KROL, ESQ.

Street Address (P.O. Box Number is Not Acceptable)
444 SEABREEZE BLVD.

City
DAYTONA BEACH

FL Zip Code
32118

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 | P/S/T/D FOREST, MICHAEL J. 105 N. HALIFAX AVENUE DAYTONA BEACH, FL 32118-4250 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V/D FOREST, ANGELINE 105 N. HALIFAX AVENUE DAYTONA BEACH, FL 32118-4250 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | DO NOT WRITE IN THIS SPACE |
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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Michael J. Forest 3-5-03 (386) 252-0227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #