## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 01, 2002 8:00 am Secretary of State DOCUMENT # H33616 642692 1. Entity Name 05-01-2002 91511 013 \*\*\*150.00 SOUTH FLORIDA OCEAN PROPERTIES, INC. Principal Place of Business Mailing Address I completed a sen 5955 BALMORAL ROAD 5955 BALMORAL ROAD HALIFAX. NOVA SCOTIA B3M 1A5 HALIFAX. NOVA SCOTIA B3M 1A5 CANADA CANADA 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0130597 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7.-Name and Address of New Registered Agent MELCER, STEVEN G., ESQ. Street Address (P.O. Box Number is Not Acceptable) 400 N. FEDERAL HIGHWAY SUITE 205E **BOCA RATON FL 33344** City Zip Code s. 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 **\$5.00** May Be (See criteria on back) Trust Fund Contribution Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition NAME VOGT, ARTHUR D. NAME STREET ADDRESS 5955 BLAMORAL ROAD, HALIFAX, NOVA SCOTIA STREET ADDRESS CITY-\$1-ZIP CANADA B3M 1A5 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered.

**FILED** 

## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

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Suite, Apt	- // //-	7/	Suite, Apt. #, etc.			DO	NOT WRITE IN THIS	SPACE
City & Sta	te 244		City & State  DECRAY F	CORING	1	4. FEI Number	0/3059	Applied For Not Applicable
<sup>Zip</sup> 33	483 2	ountry 5/1	zip 33483	Country 5	1	5. Certificate of Status	Desired $\square$	\$8.75 Additional Fee Required
					7.	Name and Address o	Current Registered	l Agent
	DO	NOT W	DITE	Name	STEVE	EN G ME	WER E	50
		NOT W		Street A	ddress (P.C	). Box Number is Not A	cceptable)	
	IN	THIS SP	ACE	SUI	TE	205 E	<u>- 17-477-007</u>	
				City A	RAT	DU FIA	FL	Zip Code
8. The above	named entity sub	mits this statement for	the purpose of changing its re	egistered office or	registered	agent, or both, in the S	tate of Florida.	
•								
SIGNATURE .	Signature, typed or print	ted name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signatu	ure required whe	on reinstating)	DATE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See address as heals) Amended			y 1 Fee is \$150 Fee is \$550.00 UBR is \$61.25	)	10. Election Carm Trust Fund Co		\$5.00 May Be Added to Fees	
11.	· · · · · · · · · · · · · · · · · · ·	OFFICERS AND I	Make Check Payable	to Department	of State			
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13. I hereby co indicated of of the corr	ertify that the infor- on this report or su poration or the rec	mation supplied with ti applemental report is to eiver or trustee empore	nis filing does not qualify for the rue and accurate and that my wered to execute this report a	e exemption state signature shall ha	ed in Section	n 119.07(3)(i), Florida S e legal effect as if made	tatutes. I further certife under oath; that I an	y that the information an officer or director

attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRIMED NAME OF SIGNING OFFICER OR DIRECTOR

Date

## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

THE FILING FORITS

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

OCUMENT # H33616

(4)

SOUTH FLORIDA OCEAN PROPERTIES, INC.

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US DEPORT DEPORT OF SOME		US	71112 00400	<b>~~</b>		• •	rporated or Qualifi	ed <b>3a.</b> D	ale of Last 29/1996	Report
2. Principal Place of Bu	siness	2a. Mailing Ad	ddress	,		4. FEI Numbe			A	oplied For
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Suite, Apt. #, etc.	agradication and or	Suite, Apt.	. #, etc.				of Status Desired	~[2]:		Additional Required
City & State	-	City & Sta	te	يره من رمجيت		6. Election Co	ampaign Financin	g 9	\$5.00 Added	May Be
Zip	Country	Zip		Country	,	8. This corpo	oration has liability	tor intangible	tax under	
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	EVEN G., ESQ.	in negistered Ager		81	Name	to. Name and	Address of New	rnegistered	Agein	·
	HWY STE 106-D									
	FED. HIGHWAY		-	82	Street Add	ress (P.O. Box Nu	imber is Not Acce	ptable) ·		
BOCA RATO				83		1,	1			
				84	City	1	.{	FL	85 Zip	Code
11. Pursuant to the prov	isions of Sections 607.050	02 and 607.1508, Fi	orida Statute	es, the above	e-named corp	poration submits t	his statement for the	he purpose o	f changing	its registered
office or registered agent. Lam familiar	agent, or both, in the State with, and accept the oblig	e of Florida. Such ch pations of, Section 6	nange was a 07.0505. Flo	iuthorized by irida Statute:	the corporal s.	tion's board of dire	ectors. I hereby ac	ccept the app	pointment a	s registered
:" SIGNATURE	, ,			•						
	ed or printed name of registered ag									
		ent and title it applicable.	(NOTE	: Registered Age	ent signature requi	red when reinstating)		DATE		
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