

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90071 030 ***150.00

0431264 AV

DOCUMENT # P02000021930

1. Entity Name
OCEAN & GREEN REAL ESTATE COMPANY



Principal Place of Business
**POST OFFICE BOX 812352
BOCA RATON FL 33481**

Mailing Address
**POST OFFICE BOX 812352
BOCA RATON FL 33481**

2. Principal Place of Business
2385 EXECUTIVE CENTER DR.

3. Mailing Address

Suite, Apt. #, etc.
Suite 100

Suite, Apt. #, etc.

City & State
BOCA RATON, FL

City & State

Zip
33431

Country
Palm Beach

Zip

Country

4. FEI Number
03-0400293

Applied For
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BURNETT, GARY M
4880 N. CITATION DRIVE, #201
DELRAY BEACH FL 33445**


7. Name and Address of New Registered Agent

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

SIGNATURE  **GARY M. BURNETT, PRESIDENT** DATE **4/25/03**

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

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	D <input type="checkbox"/> Delete
NAME	BURNETT, GARY M
STREET ADDRESS	4880 N. CITATION DRIVE, #201
CITY-ST-ZIP	DELRAY BEACH FL 33445
TITLE	D <input type="checkbox"/> Delete
NAME	MARSHALL, IRENE S
STREET ADDRESS	4880 N. CITATION DRIVE, #201
CITY-ST-ZIP	DELRAY BEACH FL 33445
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 reports 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:  **GARY M. BURNETT** DATE **4/25/03** DAYTIME PHONE # **561-542-3648**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)