

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 25, 2003 8:00 am**  
**Secretary of State**

08-04-2003 90147 015 \*\*\*150.00

**DOCUMENT # P02000093492**

1. Entity Name  
**OCEAMAR SERVICES, INC.**



Principal Place of Business  
**14014 SANIBEL ISLE DR  
ORLANDO FL 32824**

Mailing Address  
**14014 SANIBEL ISLE DR  
ORLANDO FL 32824**

**55654658**



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

**33-1031986**

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

**KOIFMAN, MARIA E  
14014 SANIBEL ISLE DR  
ORLANDO FL 32824**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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 ☐ Delete  
NAME **D KOIFMAN, MARIA E**  
STREET ADDRESS **14014 SANIBEL ISLE DR**  
CITY-ST-ZIP **ORLANDO FL 32824**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/18/03**

Date

**407-857-6050**

Daytime Phone #

CR2E034 (4/03)

Jul 30 2003 10:17AM

55054858  
# P02000093492  
[REDACTED]

No. 3407 P. 2

OCEAMAR SERVICES, INC.  
14014 Sanibel Isle Dr.  
Orlando, FL 32824  
Tel: (407) 857-6050

July 30, 2003

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

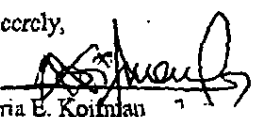
Re: Doc #: P02000093492 OCEAMAR SERVICES, INC.

To Whom It May Concern:

Please find the UBR for the above mentioned company and the \$150.00 fee. We never received the UBR prior to this.

Please waive the \$400.00 fee. Your prompt response is greatly appreciated.

Sincerely,

  
Maria E. Koifman  
Director

cc: [REDACTED]

cc: [REDACTED]

cc: [REDACTED]

cc: [REDACTED]

cc: [REDACTED]