2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State
01-25-2001 90210 006 ***150.00

DOCUMENT # P96000006097

1. Entity Name

OCEANS, REEFS & AQUARIUMS, INC.

Principal Place of Business	Mailing Address
5600 US 1 NORTH ACTED BLDG FT PIERCE FL 34946	5600 US 1 N ACTED BLDG FORT PIERCE FL 34946

DO NOT WRITE IN THIS SPACE

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 65-0657787 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STEWART, WILLIAM ESQ
STEWART, NALL, EVANS & HAFNER, P.A.
3355 OCEAN DR.
VERO BEACH FL 32963

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.

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 Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP VAUGHN, DAVID %5600 US 1 NORTH FT PIERCE FL 34946	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS FARINACCI, STEPHEN M %5600 US 1 NORTH FT PIERCE FL 34946	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHRISTOPHER P. STAPLETON 390 11th PLACE SW VERO BEACH, FL 32962 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DTCF KING, LARRY 2104 BLUE SPRINGS RD W PALM BCH FL 33411	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1481-6 HARTFORD RUN DR. ORLANDO, FL 32828
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVPC TURNER, JEFFREY 6250 NW 66TH AVE PARKLAND FL 33067	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/VP ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC HERMAN, RICK HBOI, 5600 US HWY 1 NORTH FT PIERCE FL 34946	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GAINES, KEVIN 1841 26TH AVE VERO BCH FL 32960	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/S ☒ Change ☐ Addition

CR2E034 (10/00)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Larry P. King, CFO (LARRY P. KING, CFO) 1/15/01 407-737-4076
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #