2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State
03-24-2003 90228 022 ***150.00

DOCUMENT # P96000078051

1. Entity Name
OCEAN INNOVATIONS, INC.

Principal Place of Business	Mailing Address
9601 CORPORATE CIRCLE CLEVELAND OH 44125	9601 CORPORATE CIRCLE CLEVELAND OH 44125

☒ CHECK HERE IF MAKING CHANGES

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 65-0725688 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

EVA, W. ALLAN III
1301 RIVER REACH DR #302
FORT LAUDERDALE FL 33315

7. Name and Address of New Registered Agent

Name DAVID FABER
Street Address (P.O. Box Number is Not Acceptable)
1301 WEST LAKE DR.
City FT. LAUDERDALE FL Zip Code 33316

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] 3/18/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPT	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	FABER, DAVID		NAME	
STREET ADDRESS	1301 RIVER REACH DR #302		STREET ADDRESS	1301 WEST LAKE DR.
CITY-ST-ZIP	FORT LAUDERDALE FL 33315		CITY-ST-ZIP	FT. LAUDERDALE FL 33316-2317
TITLE	DVS	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	EVA, W. ALLAN III		NAME	
STREET ADDRESS	1301 RIVER REACH DR #302		STREET ADDRESS	48 HASKELL DR.
CITY-ST-ZIP	FORT LAUDERDALE FL 33315		CITY-ST-ZIP	BRATENAHL OH 44108
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-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-ZIP			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: [signature] SIGNATURE REQUIRED 3/18/03 216 750 2264
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)