2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2000 8:00 am
Secretary of State
04-14-2000 90001 034 ***150.00

DOCUMENT # P97000065976

1. Entity Name

OCEAN OUTBOARDS, INC.

Principal Place of Business	Mailing Address
507 EAST COAST DRIVE BAY 4 LANTANA FL 33462	507 EAST COAST DRIVE BAY 4 LANTANA FL 33462

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1220 W. INDUSTRIAL AVE		1220 W. INDUSTRIAL AVE	
Suite, Apt. #, etc.: BAY #7		Suite, Apt. #, etc.: BAY #7	
City & State: BOYNTON BEACH FL		City & State: BOYNTON BEACH FL	
Zip: 33426	Country: USA	Zip: 33426	Country: USA

4. FEI Number 65-0773558 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CRIDDLE, ROBERT G 507 EAST COAST DRIVE BAY 4 LANTANA FL 33462	Name: ROBERT G. CRIDDLE Street Address (P.O. Box Number is Not Acceptable): 1220 W. INDUSTRIAL AVE. BAY #7 City: BOYNTON BEACH FL Zip Code 33426

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] 4.5.00
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, 2000 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	D CRIDDLE, ROBERT G 507 EAST COAST DRIVE BAY 4 LANTANA FL 33462 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☑ Change ☐ Addition 1220 W. INDUSTRIAL AVE BAY #7 BOYNTON BEACH FL 33426
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/99)

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: [signature] SIGNATURE REQUIRED 4.5.00 561-735-0065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #