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

## FILED Mar 07, 2003 8:00 am Secretary of State

DOCUMEN I # 300870  1. Entity Name				03-07-2003 90115 044 ***15			044 ***150.00		
-	C & OCEAN, INC		V						
	DO NOT WRIT	EINTHIS SPAC	E			0004388	16		
2. Principal	Place of Business	3. Mailing Address	All Merch (A)		i iini				
29 N. OCEAN AVENEUE Suite, Apt. #, etc.		P. O. BOX 263146 Suite, Apt. #, etc.			$\dashv$	DO NOT WRITE IN THIS SPACE			
City & State DAYTONA BEACH, FL		City & State DAYTONA BEACH, FL				4. FEI Number         Applied For           59-1158968         Not Applicable			
Zip	VOLUSIA	Zip	Country VOLU	SIA		. Certificate of Status Desired	8.75 Additional ee Required		
	DO NOT WRITE IN 1	THIS SPACE	5544	Name	7. N	lame and Address of Current Registered	Agent		
				JOSEPH D. KROL, ESQ. Street Address (P.O. Box Number is Not Acceptable) 444 SEABREEZE BLVD.					
		were being a magnitude		City		ACH <b>FL</b>	Zip Code		
9 Tho above	hand online submite this statement	ont for the purpose of chan-	aina ita ras	DAYTON:		ACH FL stered agent, or both, in the State of Florida	32118		
	of the obligations of registered agen		ing its reg	listered office	or regis	stered agent, or both, in the state of Florida	. i am iamiliai with,		
:							•		
SIGNATURE	Signature, typed or printed name of regi	istered agent and title if applica	ible. (N	OTE: Registere	d Agent	signature required when reinstating)	DATE		
Victoria de la composição de la composição La composição de la compo	nuary 1: May 1 Fee is \$150,00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department o	(P. 6.10) 44 Anne 11 (A.				Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees		
10.	OFFICERS AND		5 TH. T						
TITLE NAME STREET ADDRESS	P/S/T/D FOREST, MICHAEL J 105 N. HALIFAX AV	ENUE	NAME STREE	T ADDRESS					
TITLE	DAYTONA BEACH, FL	32118-4250		ST-ZIP			<u> </u>		
NAME STREET ADDRESS CITY - ST - ZIP	FOREST, ANGELINE 105 N. HALIFAX AVI DAYTONA BEACH, FL		NAME STREE						
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STREET ADDRESS CITY - ST - ZIP			5400000060	T ADDRESS ST. ZIP		4.54 (2.64 (			
	ertify that the information supplied w	with this filling does not quali	13.000.000	THE PERSON NAMED IN	ed in S	ection 119.07(3)(i). Florida Statutes, I furthe	er certify that the		
information	indicated on this report or suppler	nental report is true and ac	curate and	I that my sign:	ature sh	nall have the same legal effect as if made u	nder 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 op an attachment with an address, with all other like empowered.

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SIGNATURE	B.	e has		10	con T

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-03 (384) 252-0227

Date

Daytime Phone #