FILED

Feb 03, 2003 8:00 am

Secretary of State

02-03-2003 90081 038 ***150.00

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT

688602

1. Entity Name

OCEANS WEST, INC.



Principal Place of Business Mailing Address 4000 OLD DIXIE HIGHWAY 4000 OLD DIXIE HIGHWAY JUUTIUTE ORMOND BEACH FL 32174 ORMOND BEACH FL 32174 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2160307 Not Applicable Zip Country___ Zip \$8.75 Additional 5: Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TUMBLESON, J. DOYLE Street Address (P.O. Box Number is Not Acceptable) 50 SOUTH PALMETTO AVE. DAYTONA BEACH FL 32014 City 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition JARDSIK, THOMAS NAME NAME 4000 OLD DIXIE HIGHWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORMOND BEACH FL 32174 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change RODGERS, ANN NAME NAME STREET ADDRESS 4000 OLD DIXIE HIGHWAY STREET ADDRESS CITY-ST-ZIP **ORMOND BEACH FL 32174** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME **UANINO. ANTHONY** NAME STREET ADDRESS 3400 HALIFAX CLUB HOUSE DRIVE STREET ADDRESS CITY-ST-ZIP ORMOND BEACH FL 32174 CITY-ST-7IF TITLE **VPF** Delete TITLE Change Addition NAME MINK, BILL NAME STREET ADDRESS 200 CAMPUS DRIVE STREET ADDRESS 100 CAMPUS DRIVE SSTE 200 CITY-ST-ZIE FLORHAM PARK NJ 07932 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition SLOOTMAKER, ADRIAN P NAME NAME STREET ADDRESS 280 CORPORATE CTR 7 BECKER FM RD STREET ADDRESS CITY-ST-ZIE ROSELAND NJ 07068 CITY-\$T-ZIP TITLE Delete TITLE ☐ Change

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 employered 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

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

SI(Ji SIGNATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

386.676.9600

☐ Addition

CR2E034 (10/02)