

# 2001 UNIFORM BUSINESS REPORT (UBR)

0009113 AF

DOCUMENT # **A94000000360**

1. Entity Name

OCEAN MIST INVESTMENTS, LTD.

Principal Place of Business

241 SOUTH ATLANTIC BLVD.  
FT. LAUDERDALE FL 33315

Mailing Address

C/O J. BOB HUMPHRIES, ESQ.  
501 EAST KENNEDY BLVD., SUITE 1700  
TAMPA FL 33602

FILED

01 MAR 26 PM 1:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2535 SUCCESS DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
ODESSA FL

4. FEI Number

59-3231622

Applied For

Not Applicable

Zip

Country

Zip

33556

Country

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

HUMPHRIES, J. BOB ESQ.  
C/O FOWLER, WHITE, GILLEN, ET AL  
501 EAST KENNEDY BLVD., SUITE 1700  
TAMPA FL 33602

Name

Richard W. Baker

Street Address (P.O. Box Number is Not Acceptable)

2535 Success Drive

City

Odessa

FL

Zip Code

33556

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. Capital Contributions  
as Shown on record.

\$98.99

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PENROD, JACK  
241 SOUTH ATLANTIC BLVD.  
FT. LAUDERDALE FL 33315

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)