

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
 05-22-2002 90156 038 ***150.00

DOCUMENT # F06730

1. Entity Name
OCEAN DEVELOPMENT, LTD., INC.

Principal Place of Business
307 NW 10TH TERRACE
HALLANDALE FL 33009
US

Mailing Address
307 NW 10TH TERRACE
HALLANDALE FL 33009
US



2. Principal Place of Business
1044 NW 3rd ST

3. Mailing Address
5820 SW 37TH TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
HALLANDALE, FLA

City & State

4. FEI Number **59-2043551**

Applied For
 Not Applicable

Zip **33009** Country **U.S.A**

Zip **33312** Country **U.S.A**

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

STEWART, STEPHEN
5820 SW 37TH TERRACE
FORT LAUDERDALE FL 33312

Name

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

City

FL

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.

SIGNATURE

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, 2002 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 **S** ☐ Delete
 NAME **STEWART, STEPHEN**
 STREET ADDRESS **307 NW. 10 TERR**
 CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE ☐ Change ☐ Addition
 NAME **STEPHEN STEWART**
 STREET ADDRESS **1044 NW 3rd ST**
 CITY-ST-ZIP **HALLANDALE FLA 33009**

TITLE **V** ☐ Delete
 NAME **STEWART, LILLIAN**
 STREET ADDRESS **307 NW. 10 TERR**
 CITY-ST-ZIP **HALLANDALE FL 33009**

TITLE ☐ Change ☐ Addition
 NAME **LILLIAN STEWART**
 STREET ADDRESS **1044 NW 3rd ST**
 CITY-ST-ZIP **HALLANDALE FLA 33009**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 information.

SIGNATURE:

SIGNATURE REQUIRED

APRIL 25 02 954 454 1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)