2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F29920**

1. Entity Name

FIRST OCEAN EXPLORER INC.

						1						
Principal Place of Business 710 SE 3 LANE DANIA FL 33004 US			710 8	Mailing Address 710 SE 3 LANE DANIA FL 33004 US								
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES ·				
City & State			City	City & State			4	4. FEI Number 59-2131708			Applied Fo	
Zip Country			Zip		Country		į	5. Certificate of Status Desired		\$8.75 A		
6. Name and Address of Current Registered Agent							. 7	. Name and Address of New Re	gistere	d Agent		
						Name						
CHEBUSKE, KATHY 710 SE 3 LANE					9.5	Street Address (P.O. Box Number is Not Acceptable)				\dashv
DANIA FL 33004							·				· · · · · · · · · · · · · · · · · · ·	
						City			F	Zip C	ode	
3. 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) DATE												
	Signature, typeu	or printed harrie or registered agent	and the mapp	// (140 L	. Hogistere	. Agent signature i	radalled wile	er reinswurg)	DAIL			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of				itate				9. Election Campaign Fina Trust Fund Contribution	-		.00 May E led to Fees	
10.	OFFICERS AND DIRECTORS			RS	11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
NAME STREET ADDRESS	PD CHEBUSKI 710 SE 3 I DANIA FL	E, MICHAEL J ANE		Delete						☐ Chang	e 🗌 Add:	tion
ITLE IAME STREET ADDRESS				☐ Delete						☐ Change	e 🗌 Addi	tion
ITLE IAME STREET ADDRESS CITY-ST-ZIP				Delete	NAM STRE	E ET ADDRESS -ST-ZIP				- Chang	e Addi	tion
itle Iame Street address City-St-Zip				☐ Delete						☐ Chang	e 🔲 Addi	tion
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ITLE IAME TREET ADDRESS				☐ Delete	TITLE NAME STRE	ſ	,			Change	e 🗌 Addi	tion

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 empowered 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICEROR DIRECTOR

April 2, 2003

954-923-170-Daytime Phone #

Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90176 017 ***150.00