

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000006009

1. Entity Name

OCTANS CORPORATION

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90418 022 ***150.00

Principal Place of Business

% CASE POMEROY PROPERTIES
10407 CENTURION PKY., NORTH, SUITE 108
JACKSONVILLE FL 32256

Mailing Address

% CASE POMEROY PROPERTIES
10407 CENTURION PKY., NORTH, SUITE 108
JACKSONVILLE FL 32256

2. Principal Place of Business

C/O
Case Pomeroy Properties
Suite, Apt. #, etc. Suite 109
1400 Marsh Landing Pky.,

3. Mailing Address

C/O
Case Pomeroy Properties
Suite, Apt. #, etc. Suite 109
1400 Marsh Landing Pky.,

City & State
Jacksonville Beach, FL

City & State
Jacksonville Beach, FL

Zip
32250

Country
US

Zip
32250

Country
US

4. FEI Number 59-3278386

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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 re-registering)

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, 2001 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

TITLE PD
NAME MCNEILL, DOUGLAS W
STREET ADDRESS 10407 CENTURION PKY., NORTH
CITY-ST-ZIP JACKSONVILLE FL 32256 ☐ Delete

TITLE V
NAME CUBBAGE, GILBERT G
STREET ADDRESS 10407 CENTURION PKY., NORTH
CITY-ST-ZIP JACKSONVILLE FL 32256 ☐ Delete

TITLE VD
NAME KEITH, DOUGLAS B III
STREET ADDRESS 10407 CENTURION PKY., NORTH
CITY-ST-ZIP JACKSONVILLE FL 32256 ☐ Delete

TITLE SD
NAME WAILAND, ADELE R
STREET ADDRESS 10407 CENTURION PKY., NORTH
CITY-ST-ZIP JACKSONVILLE FL 32256 ☐ Delete

TITLE TD
NAME LISTA, FELIX M
STREET ADDRESS 10407 CENTURION PKY., NORTH
CITY-ST-ZIP JACKSONVILLE FL 32256 ☐ Delete

TITLE AS
NAME LYNN, SHARON A
STREET ADDRESS 10407 CENTURION PARKWAY N,STE 108
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1400 Marsh Landing Pky., Ste. 109
CITY-ST-ZIP Jacksonville Beach, FL 32250

TITLE ☒ Change ☐ Addition
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CITY-ST-ZIP Jacksonville Beach, FL 32250

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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)