

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

0365564 AV

04-11-2003 90095 012 ***150.00

DOCUMENT # G90424

1. Entity Name
OCEAN GIFT PRODUCTS, INC.



Principal Place of Business
P O BOX 290896
DAVIE FL 33329

Mailing Address
P O BOX 290896
DAVIE FL 33329



2. Principal Place of Business

3. Mailing Address

6010 NW 68 Ter

Suite, Apt. #, etc.

TAMPA, FL

City & State

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2370636**

Applied For
Not Applicable

Zip
33329

Country
USA

Zip
33321

Country
USA

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

WERNER, CHRISTINE
1420 NW 81ST TERRACE
PLANTATION FL 33322

Name
Christine Werner
Street Address (P.O. Box Number is Not Acceptable)
6010 NW 68 Ter.
TAMPA
City
FL Zip Code
33321

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 **Ch Werner**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/25/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
WERNER, CHRISTINE E.
1420 NW 81ST TERR
PLANTATION FL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
Werner, Christine E.
6010 NW 68 Ter.
TAMPA, FL 33321 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/03 **954 588 1090**
Date Daytime Phone #

CR2E034 (10/02)