

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2002 8:00 am**  
**Secretary of State**  
 05-10-2002 90004 040 \*\*\*150.00

**DOCUMENT # J27420**

**1. Entity Name**  
**EAST OCEAN ELECTRIC, INC.**

**Principal Place of Business**  
**C/O ROBERT KOENEKAMP**  
**1581 BAYRIDGE PL.**  
**WELLINGTON FL 33414-8052**

**Mailing Address**  
**C/O ROBERT KOENEKAMP**  
**1581 BAYRIDGE PL.**  
**WELLINGTON FL 33414-8052**

**2. Principal Place of Business**  
**4787 coconut rd.**

**3. Mailing Address**  
**p.o. box 6983**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
**lake worth, florida**

**City & State**  
**lake worth, florida**

**4. FEI Number** **59-2713396**

**Applied For**  
**Not Applicable**

**Zip**  
**33461**

**Country**  
**usa**

**Zip**  
**33466**

**Country**  
**usa**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**KOENEKAMP, ROBERT**  
**1581 BAYRIDGE PL.**  
**WELLINGTON FL 33414-8052**

**7. Name and Address of New Registered Agent**

**Name**  
**same**

**Street Address (P.O. Box Number is Not Acceptable)**  
**4787 coconut rd.**

**City**  
**lake worth**

**FL**

**Zip Code**  
**33461**

**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** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**PTD KOENEKAMP, ROBERT**  
**1581 BAYRIDGE PL.**  
**WELLINGTON FL 33414-8052** ☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
☐ Delete

**TITLE**  
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**CITY-ST-ZIP**  
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**NAME**  
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**CITY-ST-ZIP**  
☐ Delete

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
☐ Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**same**  
**same**  
**4787 coconut rd**  
**lake worth, florida 33461** ☒ Change ☐ Addition

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**V. gail koenekamp**  
**4787 coconut rd.**  
**lake worth, florida 33461** ☐ Change ☒ Addition

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

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

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

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

**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:**

*Robert Koenekamp*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**robert koenekamp p/t/d**

Date

**4-22-2002**  
**561-439-7071**  
 Daytime Phone #

CR2E034 (9/01)