FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 03, 2002 8:00 am DOCUMENT # **Secretary of State** J75736 1. Entity Name 03-03-2002 90080 050 \*\*\*150.00 INTER-OCEAN HOLDINGS, INC. Principal Place of Business Mailing Address DAASSEAT 600 - 602 FLEMING STREET 600 - 602 FLEMING STREET KEY WEST FL 33040 KEY WEST FL 33040 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0008522 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEBOER, ERIK Street Address (P.O. Box Number is Not Acceptable) 110 SIMONTON ST KEY WEST FL 33040 City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS (9/01)TITLE TITLE [7] Change ☐ Addition ☐ Delete NAME NAME MANLEY, RICHARD L. STREET ADDRESS STREET ADDRESS 110 SIMONTON ST CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL 33040 Change ☐ Addition ☐ Delete TITLE TITLE **VPD** NAME NAME DEBOER, ERIK STREET ADDRESS STREET ADDRESS 110 SIMONTON ST CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL 33040 ☐ Detete [ ] Change ☐ Addition TITLE TITLE NAME NAME WIGHTMAN, CAROL STREET ADDRESS STREET ADDRESS 110 SIMONTON ST CITY-ST-ZIP CITY-ST-ZIP KEY WEST FL 33040 TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME ghairi<sup>n</sup>an, STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

ICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.