

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 18, 2002 8:00 am
Secretary of State

03-26-2002 90098 014 ****50.00

DOCUMENT # L01000001286

1. Entity Name -

OCEAN APPAREL WAREHOUSING, L.L.C.

Principal Place of Business

**4921 SOUTH LOIS AVENUE
TAMPA FL 33611**

Mailing Address

**4921 SOUTH LOIS AVENUE
TAMPA FL 33611**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-371 7778

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**KETCHY, CHARLES F JR.
100 NORTH TAMPA STREET, SUITE 1900
TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name **Charles F. Ketchy, Jr.**
Street Address (P.O. Box Number is Not Acceptable)
100 South Ashley Drive
Suite 1500
City **Tampa** FL Zip Code **33602**

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 date if applicable.

Charles F. Ketchy, Jr., Registered Agent

DATE

11/31/02**FILE NOW!!! FEE IS \$50.00****Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **OCEAN APPAREL INC.**
STREET ADDRESS **4921 SOUTH LOIS AVENUE**
CITY-ST-ZIP **TAMPA FL 33611**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Ocean Apparel, Inc.SIGNATURE: **By: SIGNATURE REQUIRED Tam Goss, its Exec. VP (913) 835-5355**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)