

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90056 009 \*\*\*150.00

**DOCUMENT # L28608**

1. Entity Name  
**OCEAN APPAREL INC.**

Principal Place of Business

**4921 SOUTH LOIS AVE.  
TAMPA FL 33611**

Mailing Address

**4921 SOUTH LOIS AVE.  
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 **58-1876383**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KETCHEY, CHARLES F JR  
C/O KETCHEY HORAN, P.A.  
100 N. TAMPA STREET, SUITE 1900  
TAMPA FL 33602**

Name **Charles F. Ketchey, Jr.**  
Street Address (P.O. Box Number is Not Acceptable) **c/o Akerman, Senterfitt & Edison, PA**  
**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 title if applicable.

**Charles F. Ketchey, Jr., Registered Agent** **2/1/02**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	DEUTSCH, MURRAY F	
STREET ADDRESS	188 N SHORE RD	
CITY-ST-ZIP	NEW PRESTON MARBLE D CT 06777	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GROSS, THOMAS	
STREET ADDRESS	1217 ROXMERE STREET	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	SCHWARTZ, MICHAEL A	
STREET ADDRESS	6331 NIKKI LANE	
CITY-ST-ZIP	TAMPA FL 33625	
TITLE	V	<input type="checkbox"/> Delete
NAME	LAVIN, REBECCA	
STREET ADDRESS	1605 W RICHARDSON	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	S	<input type="checkbox"/> Delete
NAME	DEUTSCH, MAXINE	
STREET ADDRESS	767 BUTTERNUT DRIVE	
CITY-ST-ZIP	FRANKLIN LAKES NJ 07417	
TITLE	S	<input type="checkbox"/> Delete
NAME	GROSS, SUZANNE	
STREET ADDRESS	1217 ROXMERE STREET	
CITY-ST-ZIP	TAMPA FL 33609	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Michael A. Schwart**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/1/02 813 835-5355**

CR2E034 (9/01)