2001 UNIFORM BUSINESS REPORT (UBR)

Mar 21, 2001 8:00 am **DOCUMENT # M81623 Secretary of State** F & G OCEAN VENTURES, INC. 03-21-2001 90046 007 ***158.75 Principal Place of Business Mailing Address ATTN: JC WEISSMAN ATTN: JC WEISSMAN 705 27TH AVE., S.W. #5 705 27TH AVE., S.W. #5 VERO BEACH FL 32968 VERO BEACH FL 32968 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0104827 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WEISSMAN, JOSEPH C Street Address (P.O. Box Number is Not Acceptable) 705 27TH AVE., S.W. #5 VERO BEACH FL 32968 City Zip Code 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete Change : ☐ Addition TITLE WEISSMAN, JOSEPH C NAME NAME 5101 Hyway AIA #9 Vero Beach FL 32963 STREET ADDRESS STREET ADDRESS 4410 N A/A #109 CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32963 ☐ Delete TITLE TITLE Addition RIDDLE, MARY L NAME NAME STREET ADDRESS 1761 CYPRES LN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32963 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)