**FILED** 

## 2002 Uniform Business Report (UBR)

of the corporation or the

changed, or on an attack

SIGNATURE:

## Apr 01, 2002 8:00 am Secretary of State DOCUMENT # M81623 1. Entity Name 04-01-2002 90049 041 \*\*\*158.75 F & G OCEAN VENTURES, INC. Mailing Address Principal Place of Business 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 Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -6. Name and Address of Current Registered Agent Name 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) DATE FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ΪI. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PCD ☐ Addition CR2E034 (9/01) TITLE ☐ Delete TITLE ☐ Change WEISSMAN, JOSEPH C NAME NAME 5101 HWY, AIA #9 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32963 CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE NAME riddle, mary l STREET ADDRESS 1761 CYPRES LN STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32963 CITY-ST-7IP TITLE ---☐ Change TITLE Delete Delete 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 ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME 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

seceiver 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