

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **NO 9844** Year **2000**

1. Entity Name

OCEANWORKS, INCORPORATED

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90039 046 ****61.25

80058705

Principal Place of Business

Mailing Address

12 BAY DRIVE
KEY WEST, FLA. 33040

12 BAY DRIVE
KEY WEST, FLA.
33040

2. Principal Place of Business

3. Mailing Address

12 Bay Drive

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Key West, FLA.

City & State

Key West, FLA

4. FEI Number

58-5260015

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ANN LORRAINE LABRIOLA
12 BAY DRIVE Bay Point
Key West, FL. 33040

7. Name and Address of New Registered Agent

Name

ANN LORRAINE LABRIOLA

Street Address (P.O. Box Number is Not Acceptable)

12 Bay Drive Bay Point

City

Key West

FL

Zip Code

33040

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D LABRIOLA ANN LORRAINE**
STREET ADDRESS **12 Bay Drive**
CITY-ST-ZIP **Key West, FL. 33040**

TITLE ☐ Delete
NAME **DSINCLAIR, Findlay**
STREET ADDRESS **12 Bay Drive**
CITY-ST-ZIP **Key West, FL. 33040**

TITLE ☐ Delete
NAME **DD Stanhouse, Rene**
STREET ADDRESS **27468 Haitikane**
CITY-ST-ZIP **Ramrod Key, FL. 33042**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Ann Lorraine Labriola** 4/3/00 292-8689