

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000006345

FILED  
Apr 22, 2003  
Secretary of State

**Entity Name:** OCEANIC APPLIED SCIENCES AND ENVIRONMENTAL SOLUTIONS (OASES), INC.

**Current Principal Place of Business:**

641 PEPPER ST NE  
PALM BAY, FL 32907

**New Principal Place of Business:**

**Current Mailing Address:**

641 PEPPER ST NE  
PALM BAY, FL 32907

**New Mailing Address:**

FEI Number: 59-3541436

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SMITH, CHRISTOPHER W  
641 PEPPER ST NE  
PALM BAY, FL 32907

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: ED ( ) Delete  
Name: SMITH, C W S  
Address: 641 PEPPER ST NE  
City-St-Zip: PALM BAY, FL 32907

Title: PRDT ( ) Delete  
Name: SMITH, LOREN S  
Address: 641 PEPPER ST NE  
City-St-Zip: PALM BAY, FL 32907

Title: T ( ) Delete  
Name: SMITH, KATHLEEN A  
Address: 1220 RIVERSIDE DR  
City-St-Zip: HURON, OH 44839

Title: ADT ( ) Delete  
Name: BRECHT, RODNEY  
Address: 3431 RED CEDAR COURT  
City-St-Zip: GROVE CITY, OH 43123

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: C. W. SINJIN SMITH

MR.

04/22/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date