

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 28, 2001 8:00 am  
Secretary of State

04-28-2001 90020 023 \*\*\*150.00

0491537

DOCUMENT # P00000018825

1. Entity Name

OCEAN ATLANTIC PRODUCTIONS, INC.

Principal Place of Business

31225 AVE. A  
BIG PINE KEY FL 33043

Mailing Address

31225 AVE. A  
BIG PINE KEY FL 33043

751344

2. Principal Place of Business

30344 OVERSEAS HWY  
Suite, Apt. #, etc.  
SUITE #4

3. Mailing Address

P.O. BOX: 430018  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BIG PINE KEY, FL.

City & State

BIG PINE KEY, FL

4. FEI Number

65-09 99040

Applied For

Not Applicable

Zip

33043

Country

USA

Zip

33043

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

UHLAND, CHRIS  
31225 AVE. A  
BIG PINE KEY FL 33043

ADDRESS CHANGE →

7. Name and Address of New Registered Agent

Name  
UHLAND CHRIS  
Street Address (P.O. Box Number is Not Acceptable)  
30344 OVERSEAS HWY.  
Suite #4  
City  
BIG PINE KEY, FL Zip Code  
33043

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 CHRIS UHLAND - OWNER

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/19/01

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, 2001 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

|                |                             |  |
|----------------|-----------------------------|--|
| TITLE          | D                           | <input checked="" type="checkbox"/> Delete |
| NAME           | UHLAND, CHRIS               |  |
| STREET ADDRESS | 31225 AVE. A                |  |
| CITY-ST-ZIP    | BIG PINE KEY FL 33043       |  |
| TITLE          | D                           | <input type="checkbox"/> Delete            |
| NAME           | UHLAND CHRIS                |  |
| STREET ADDRESS | 30344 OVERSEAS HWY, SUITE 4 |  |
| CITY-ST-ZIP    | BIG PINE KEY, FL 33043      |  |
| TITLE          |                             | <input type="checkbox"/> Delete            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          |                             | <input type="checkbox"/> Delete            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          |                             | <input type="checkbox"/> Delete            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          |                             | <input type="checkbox"/> Delete            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |   |
|----------------|--|---|
| 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 |
| 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 |
| 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 information covered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/01

Date

305-872-5576

Daytime Phone #

CR2E034 (10/00)