

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90164 034 ***150.00

DOCUMENT # P00000033883

1. Entity Name

OCEAN PROTECTIVE COATINGS, INC.

Principal Place of Business

519 AQUATIC DR
 ATLANTIC BEACH FL 32233
 US

Mailing Address

P O BOX 49148
 JACKSONVILLE BEACH FL 32240-9148
 US

2. Principal Place of Business

519 AQUATIC DRIVE
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 49148
 Suite, Apt. #, etc.

City & State

ATLANTIC BEACH, FLORIDA

City & State

JACKSONVILLE BEACH, FLORIDA

Zip

32233

Country

US

Zip

32240-9148

Country

US

4. FEI Number

59-3637532

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

MITCHELL, GEORGE C III
 303-41 VILLA DEL MAR DR
 PONTE VEDRA BEACH FL 32082

7. Name and Address of New Registered Agent

Name

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

City

FL

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 *George C. Mitchell III*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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 PD
 NAME MITCHELL, GEORGE C
 STREET ADDRESS PO BOX 49148 N/A
 CITY-ST-ZIP JACKSONVILLE BEACH FL 32240

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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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.

SIGNATURE: *George C. Mitchell III*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE C. MITCHELL III

Date

4/4/02

Daytime Phone #

(904) 591-0170

CR2E034 (9/01)