

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90021 025 ***158.75

DOCUMENT # P00000086119

1. Entity Name
OCEAN ISLAND, INC.

Principal Place of Business
C/O JEFFERSON F. RIDDELL, P.A.
3400 S TAMiami TR
SARASOTA FL 34239

Mailing Address
C/O JEFFERSON F. RIDDELL, P.A.
3400 S TAMiami TR
SARASOTA FL 34239

2. Principal Place of Business
344 W ROYAL FLAMINGO DR
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 6245
 Suite, Apt. #, etc.

City & State
SARASOTA, FL
 Zip
34236
 Country
USA

City & State
SARASOTA FL
 Zip
34278-6245
 Country
USA

4. FEI Number
65-1038739

Applied For
 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

RIDDELL, JEFFERSON F
3400 S TAMiami TR
SARASOTA FL 34329

7. Name and Address of New Registered Agent

Name **CHRISTINA E WASCHER**

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

344 W ROYAL FLAMINGO DR

City **SARASOTA, FL** Zip Code **34236**

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 *Christina E. Wascher*
 Signature, typed or printed name of registered agent and title if applicable.

CHRISTINA E. WASCHER, PRES

4/29/01
 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 **DPST** ☐ Delete
 NAME **CHRISTINA E WASCHER**
 STREET ADDRESS **344 W. ROYAL FLAMINGO DR**
 CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ 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: *Christina E. Wascher*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTINA E. WASCHER

4/29/01

Date

941-366-0064
 Daytime Phone #

CR2E034 (10/00)