FILED

2002 UNIFORM BUSINESS REPORT (UBR)

May 08, 2002 8:00 am & Secretary of State P00000090250 DOCUMENT # 1. Entity Name OCEAN RIVER BREEZE, INC. 05-08-2002 90157 030 ***150.00 Principal Place of Business Mailing Address 4 ECHO WOODS WAY 4 ECHO WOODS WAY ORMOND BCH FL 32174 ORMOND BCH FL 32174 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3670452 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAMBERT, STEVEN E Street Address (P.O. Box Number is Not Acceptable) 4 ECHO WOODS WAY ORMOND BCH FL 32174 City 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition LAMBERT, STEVEN E NAME NAME 4 ECHO WOODS WAY STREET ADDRESS STREET ADDRESS **ORMOND BCH FL 32174** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY=ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIT) F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-7/P

CITY-ST-ZIP

STEVEN E Lambart 4-22-02