

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90290 025 ***150.00

DOCUMENT # P01000036473

1. Entity Name
OCEAN FINANCIAL GROUP, INC.



Principal Place of Business
**2 SOUTH UNIVERSITY DR STE 231
PLANTATION FL 33324**

Mailing Address
**2 SOUTH UNIVERSITY DR STE 231
PLANTATION FL 33324**

2. Principal Place of Business
130 SOUTH UNIVERSITY DR

3. Mailing Address
130 SOUTH UNIVERSITY DR

Suite, Apt. #, etc.
SUITE A.

Suite, Apt. #, etc.
SUITE A.

City & State
PLANTATION FL

City & State
PLANTATION FL

Zip
33324 Country
USA

Zip
33324 Country
USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-1092435

☒ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**SPENCER, LAWRENCE
2 SOUTH UNIVERSITY DR STE 231
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name
SPENCER, LAWRENCE.
Street Address (P.O. Box Number is Not Acceptable)
**130 SOUTH UNIVERSITY DR
SUITE A
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **LAWRENCE SPENCER.**

(NOTE: Registered Agent signature required when reinstating)

DATE

4/14/03

FILE NOW! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SPENCER, LAWRENCE 16427 NW 12TH ST. PEMBROKE PINES FL 33028	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SPENCER, LAWRENCE 16427 NW 12TH ST. PEMBROKE PINES FL 33028	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/03

Date

Daytime Phone #

CR2E034 (10/02)