

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91241 023 \*\*\*150.00

**DOCUMENT # P01000043644**

1. Entity Name  
**OCEAN EMPIRES, INC.**

Principal Place of Business  
**1323 SE 17TH ST SUITE 216**  
**FT LAUDERDALE FL 33316**

Mailing Address  
**1323 SE 17TH ST SUITE 216**  
**FT LAUDERDALE FL 33316**

2. Principal Place of Business  
**6314 BALBOA LANE**  
 Suite, Apt. #, etc.

3. Mailing Address  
**6314 BALBOA LANE**  
 Suite, Apt. #, etc.

City & State  
**APOLLO BEACH, FL**  
 Zip  
**33572**  
 Country  
**Hillsborough**

City & State  
**APOLLO BEACH, FL**  
 Zip  
**33572**  
 Country  
**Hillsborough**

4. FEI Number  
**65-1116091**

Applied For  
 Not Applicable

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

## 6. Name and Address of Current Registered Agent

**ZANIBONI, CARL**  
**1323 SE 17TH ST SUITE 216**  
**FT LAUDERDALE FL 33316**

## 7. Name and Address of New Registered Agent

Name  
**KATHLEEN ZANIBONI**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6314 BALBOA LANE**  
 City  
**APOLLO BEACH** **FL** Zip Code  
**33572**

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 Kathleen Zaniboni **KATHLEEN ZANIBONI** **4-28-02**  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ZANIBONI, CARL</b> <b>1323 SE 17TH ST SUITE 216</b> <b>FT LAUDERDALE FL 33316</b>	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>6314 BALBOA LANE</b> <b>APOLLO BEACH, FL 33572</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VISIT</b> <b>KATHLEEN ZANIBONI</b> <b>6314 BALBOA LANE</b> <b>APOLLO BEACH, FL 33572</b>	<input type="checkbox"/> Change <input checked="" 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

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:

**4-28-02**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **(813) 649-0314**

CR2E034 (9/01)