

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000045069

1. Entity Name:

OCEANE, INC.

FILED

02 OCT 29 PM 12:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

375 13<sup>th</sup> Avenue S

Suite, Apt. #, etc.

3. Mailing Address

375 13<sup>th</sup> Avenue S

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

Zip

34102

Country

USA

Zip

34102

Country

USA

DO NOT WRITE IN THIS SPACE

06-4-02 90693 026

4. FEI Number

59-3736500

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Jacques MAILLARD

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

375 13<sup>th</sup> Avenue S

City

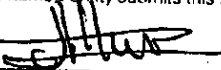
Naples

FL

Zip Code  
34102

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 removing)

10/22/02

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00  
After May 1 Fee is \$550.00  
Amended UBR is \$61.25  
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-STATE-ZIP
President/Director	Maillard, Jacques	375 13 <sup>th</sup> Avenue South	Naples, FL 34102
Treasurer/Director	Maillard, Michele	375 13 <sup>th</sup> Avenue South	Naples, FL 34102
Vice President/Director	Maillard, Sebastian	1015 6 <sup>th</sup> Street South	Naples, FL 34102
Secretary/Director	Birello, Nicolas	1015 6 <sup>th</sup> Street South	Naples, FL 34102
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP
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TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

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NAME


STREET ADDRESS

CITY-STATE-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/02 941-403-7861

CR2E034B (12/01)

**BERTRAND LEHELLEY**  
**P.O. BOX 736**  
**LOUGHMAN, FL 33858**

October 28, 2002

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: OCEANE, INC.

Dear Sir or Madam:

I was advised that you informed Mr. and Mrs. Maillard's attorney that you sent the original Uniform Business Report to me requesting my signature as the Registered Agent. I never received this documentation and letter so I was not aware of any problem until we saw online that the company is inactive.

Please be advised that I am no longer willing to serve as Registered Agent for this company and I hereby tender this as my resignation. Accordingly, please reinstate Oceane, Inc. and remove me as the Registered Agent.

Thank you for your assistance in this matter.

A handwritten signature in dark ink, appearing to read 'Bertrand LeHelley', is written over a horizontal line.

Very truly yours,

Bertrand LeHelley

cc: Donna L. Draves, Esquire