

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

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90435 020 ***150.00

DOCUMENT # **P01000090262**

1. Entity Name

OCEAN SEA WING, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2929 E. COMMERCIAL BLVD.

Suite, Apt. #, etc.

SUITE 409

3. Mailing Address

2929 E. COMMERCIAL BLVD.

Suite, Apt. #, etc.

SUITE 409

City & State

FORT LAUDERDALE, FL 33308

City & State

FORT LAUDERDALE, FL 33308

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

BARNES, JOSEPH B

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

2929 E. COMMERCIAL BLVD.,

SUITE 409

City

FORT

LAUDERDALE, FL 33308

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
D
SEDLAK, WILHELM
3222 NE 40TH ST.
FORT LAUDERDALE, FL 33308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SEDLAK, INGRID
3222 NE 40TH ST.
FORT LAUDERDALE, FL 33308

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STREET ADDRESS
CITY-ST-ZIP
S
CHRISTIAN SIEGL
109 WEST VILLAGE WAY
JUPITER FL, 33458

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHRISTIAN SIEGL

Date

02/06/2003 5613580946

Daytime Phone #

CR2E034B (12/02)