

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90013 025 ***158.75

DOCUMENT # P01000110710

1. Entity Name
OCEANSTAR MARINE, INC.

Principal Place of Business
8323 LINDBERGH COURT
SARASOTA FL 34243

Mailing Address
8323 LINDBERGH COURT
SARASOTA FL 34243



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1156209

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICE & GRAUS, PA
1900 MAIN STREET
SUITE 300
SARASOTA FL 34236

Name

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

City

FL

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 _____ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
Robert D. Barwick
President
8323 Lindberg Ct
Sarasota FL 34243

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Delete
Exec VP
Steven R. Barwick
same

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Delete
Vice President
Gary L. Barwick
same

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS CITY-ST-ZIP

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/02

Date

Daytime Phone #

CR2E034 (9/01)