

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90775 024 ***150.00

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DOCUMENT # P02000037513

1. Entity Name

THE OCEANS DEVELOPMENT OF BREVARD, INC.



Principal Place of Business

925 NORTH COURTNEY PARKWAY
MERRITT ISLAND FL 32953

Mailing Address

925 NORTH COURTNEY PARKWAY
MERRITT ISLAND FL 32953

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

56-2296802

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

GLASS, GREGORY W
1800 WEST HIBISCUS BLVD SUITE 138
MELBOURNE FL 32902

7. Name and Address of New Registered Agent

Name Philip F. Nohrr
Street Address (P.O. Box Number is Not Acceptable)
1800 West Hibiscus, Ste 138
City Melbourne FL Zip Code 32901

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

4/15/03

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	D	<input type="checkbox"/> Delete
NAME	KODSI, MAURICE	
STREET ADDRESS	PO BOX 320637	
CITY-ST-ZIP	COCOA BEACH FL 32932-0637	
TITLE	D	<input type="checkbox"/> Delete
NAME	KODSI, ROBERT	
STREET ADDRESS	PO BOX 320637	
CITY-ST-ZIP	COCOA BEACH FL 32932-0637	
TITLE	D	<input type="checkbox"/> Delete
NAME	KODSI, MICHAEL	
STREET ADDRESS	PO BOX 320637	
CITY-ST-ZIP	COCOA BEACH FL 32932-0637	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

Maurice Kodosi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/03 (321) 453-5360

CR2E034 (10/02)