

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91204 049 ***150.00

1190706 AV

DOCUMENT # P02000045708

1. Entity Name
OCEAN'S BLUE, INC.



Principal Place of Business
**301 N ATLANTIC AVE UNIT 403
COCOA BEACH FL 32931**

Mailing Address
**301 N ATLANTIC AVE UNIT 403
COCOA BEACH FL 32931**



2. Principal Place of Business
209 N. Atlantic Ave
Suite, Apt. #, etc.
Suite # 7

3. Mailing Address
209 N. Atlantic Ave
Suite, Apt. #, etc.
7

CHECK HERE IF MAKING CHANGES

City & State
Cocoa Beach FL

City & State
Cocoa Beach, FL

Zip Country
32931 USA

Zip Country
32931 USA

4. FEI Number
56-2320822

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

LEE, YOU KUEN
301 N ATLANTIC AVE UNIT 403
COCOA BEACH FL 32931

7. Name and Address of New Registered Agent

Name

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

209 N. Atlantic Ave # 7

City Zip Code
Cocoa Beach FL 32931

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LEE, YOU KUEN 301 N ATLANTIC AVE UNIT 403 COCOA BEACH FL 32931
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 209 N. Atlantic Ave # 7 Cocoa Beach FL 32931
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP Kyoung W Staw 209 N. Atlantic Ave # 7 Cocoa Beach, FL 32931
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

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: **SIGNATURE Kyoung Staw** **4/16/03** **(321) 960-9849**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (10/02)