

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

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90629 040 ***150.00

DOCUMENT # P02000065585

1. Entity Name
OCEAN DISTRIBUTORS, INC.



DO NOT WRITE IN THIS SPACE

90091811

2. Principal Place of Business
2424 N. Federal Highway

3. Mailing Address
2424 N. Federal Highway

Suite, Apt. #, etc.
Suite 411

Suite, Apt. #, etc.
Suite 411

City & State
Boca Raton, FL

City & State
Boca Raton, FL

4. FEI Number
47-0871589

Applied For
Not Applicable

Zip
33431

Country
US

Zip
33431

Country
US

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Susan J. Brotman

Street (P.O. Box Number is Not Acceptable)
2424 N. Federal Highway

Suite 411

City
Boca Raton,

FL

Zip Code
33431

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

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

SUSAN J. BROTMAN

4/10/2003

DATE

(NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE
President/Director
NAME
Susan J. Brotman
STREET ADDRESS
2424 N. Federal Highway, Suite 411
CITY - ST - ZIP
Boca Raton, FL 33431

TITLE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption under 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:

Susan J. Brotman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Susan J. Brotman 4/10/2003 561-338-0906

Date

Daytime Phone #