

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000124530

Entity Name
OCEAN COLORS, INC.



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

02-21-2003 90856 047 ***150.00

Principal Place of Business
10301 EMERALD WOODS AVENUE
ORLANDO FL 32836

Mailing Address
10301 EMERALD WOODS AVENUE
ORLANDO FL 32836

Principal Place of Business

3. Mailing Address

7802 KINGSPONTE PKWY

Suite, Apt. #, etc.

SUITE # 207-B

City & State

City & State

ORLANDO, FL

4. FEI Number

22-3884421

Applied For

Not Applicable

Zip

Country

Zip

32819

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

J.A.O. SERVICES INC.

7802 KINGSPONTE PARKWAY

207-B

ORLANDO FL 32836

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 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME BASTOS, ANA L
STREET ADDRESS 10301 EMERALD WOODS AVENUE
CITY-ST-ZIP ORLANDO FL 32836

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

TITLE VP ☐ Delete
NAME CALLAS, JOAO JR.
STREET ADDRESS RUA MADRE TEODORA 402
CITY-ST-ZIP SAO PAULO SP BRAZIL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)