

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

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90092 047 ***150.00

DOCUMENT # PO5000011259

1. Entity Name

OCEAN INTERIORS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

800 E HALLANDALE BEACH BLVD

3. Mailing Address

800 E HALLANDALE BEACH BLVD

Suite, Apt. #, etc.

#25

Suite, Apt. #, etc.

#25

City & State

HALLANDALE FL

City & State

HALLANDALE FL

Zip

33009

Country

USA

Zip

33009

Country

USA

4. FEI Number

☒ **Applied For**

☐ **Not Applicable**

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

DOUGLAS COLLINS

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

800 E HALLANDALE BEACH BLVD

Suite 25

City

HALLANDALE

FL

Zip Code

33009

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

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

TITLE	<u>PST D</u>
NAME	<u>DOUGLAS COLLINS</u>
STREET ADDRESS	<u>800 E HALLANDALE BEACH BLVD</u>
CITY-ST-ZIP	<u>Suite 25 HALLANDALE FL 33009</u>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Douglas Collins **DOUGLAS COLLINS**

Date

Daytime Phone #

429 06 354 454 4198

CR2034R (12/01)