

2002 UNIFORM BUSINESS REPORT (UBR)

3/2

FILED
Apr 21, 2002 8:00 am
Secretary of State

03-22-2002 90024 042 ***150.00

DOCUMENT # P19261

1. Entity Name

OCEANIQUE CORPORATION

Principal Place of Business

2105 HWY A1A
INDIAN HARBOUR BCH FL 32937

Mailing Address

2105 HWY A1A
INDIAN HARBOUR BCH FL 32937

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

59-2486054

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FISCH, MARK S. ESQ
631 US HWY ONE
SUITE 411
NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent

Name **BARBARA Fore**
Street Address (P.O. Box Number is Not Acceptable)
2105 - Highway A1A
City **Indian Harbour Beach FL** Zip Code **32937**

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

Barbara Fore Pres.

3/28/02

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) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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 **PD**
NAME **FORE, BARBARA**
STREET ADDRESS **2105 HWY A1A**
CITY-ST-ZIP **INDIAN HARBOUR BCH FL 32937** ☐ Delete

TITLE **S**
NAME **FISCH, MARK S**
STREET ADDRESS **813 DOGWOOD ROAD**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Barbara Fore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/02
Date

311MM-6512
Daytime Phone #

CR2E034 (9/01)