

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91629 043 \*\*\*150.00

05/28/02 8:00 AM

**DOCUMENT # P94000000384**

1. Entity Name  
**OCEANIC LIASON, INC.**

Principal Place of Business  
**1601 SE 16TH STREET  
 FT LAUDERDALE FL 33316  
 US**

Mailing Address  
**C/O ACCTG BUSINESS CONSLTS  
 17 ROSE DR  
 FT LAUDERDALE FL 33316  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0461964**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WALLACE, DEE  
 1601 SE 16TH STREET  
 STE. 302  
 FT LAUDERDALE FL 33316**

Name

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

City

**FL**

Zip Code

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)

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP WALLACE, DEE 1601 SE 16TH STREET FT LAUDERDALE FL 33316</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP MARTENS, NANCY 1601 SE 16TH ST. FT. LAUDERDALE FL 33316</b>	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 or without the empowered.

SIGNATURE: X [Signature] 5/6/02      Date: 5/6/02      Daytime Phone #: x 361-815-7612

CRE034 (9/01)

*Attachment*

#36208  
ACCOUNTING AND BUSINESS  
CONSULTANTS

# 194 000008 384

May 13, 2002

Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

I am enclosing the 2002 UBR for Oceanic Liason, Inc. with payment of \$150.00.

Captain Dee Wallace, President of Oceanic Liason, Inc. has been required to travel extensively in his profession as a yacht Captain. He is now residing in Texas and just recently received his mail. I would like to ask that the late filing penalties be abated due to the extreme circumstances of his mail service.

If you have any questions regarding this request, please do not hesitate to contact me.

Thank you for your consideration in this matter.

Respectfully yours,

*Stanley S. Feinerman* E.A.

Stanley S. Feinerman, E.A.  
President

Enclosures