

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000012958**

1. Entity Name

OCEAN LIFE ENTERPRISES, INC.**FILED**
Jan 08, 2002 8:00 am
Secretary of State

01-08-2002 90018 030 ***150.00

0163823 AV

Principal Place of Business

**134 MARINA AVENUE
KEY LARGO FL 33037**

Mailing Address

**POST OFFICE BOX 744
KEY LARGO FL 33037**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0500533

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****HARRIGAN, WILLIAM J
134 MARINA AVENUE
KEY LARGO FL 33037****7. Name and Address of New Registered Agent**

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****D** ☐ Delete
**HARRIGAN, WILLIAM J
134 MARINA AVENUE
KEY LARGO FL 33037****D** ☐ Delete
**HARRIGAN, KATHLEEN B
134 MARINA AVENUE
KEY LARGO FL 33037**☐ Delete☐ Delete☐ Delete☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**☐ Change ☐ Addition☐ Change ☐ Addition☒ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ 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:

W. HARRIGAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4 Jan 02

Daytime Phone #

365-451-6086

CR2E034 (9/01)