


FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90094 026 ***150.00

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☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # P94000046486				Secretary of State 01-10-2003 90094 026 ***150.00																																																													
1. Entity Name M & D OCEAN PRODUCTS, INC.																																																																	
Principal Place of Business 11026 W. SEMINOLE PL. HOMOSASSA FL 34487		Mailing Address P.O. BOX 779 HOMOSASSA FL 34487																																																															
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 59-3259485	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																																																												
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required																																																												
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent																																																													
YOUNG, AILEEN 11026 W. SEMINOLE PL. HOMOSASSA FL 34487				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. I am familiar with, and accept the obligations of registered agent.																																																																	
SIGNATURE _____ (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 <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																	
10. OFFICERS AND DIRECTORS																																																																	
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																																																	
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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: <u>Aileen Young</u> SIGNATURE REQUIRED <u>Jan. 7, 2003</u> <u>352-628-3696</u>																																																																	