2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P94000083350** Jan 18, 2000 8:00 am Secretary of State OCEAN GENERAL, INC. 01-18-2000 90006 030 ***150.00 Mailing Address Principal Place of Business ONE INTERCONTINENTAL WAY 3401-6 N.W. 72ND AVENUE PEABODY MA 01960-3841 MIAMI FL 33122 -N 0 0 0 --3. Mailing Address 2. Principal Place of Business 4700 R NORTH HOOVER RL Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE TAMOA AIR CARGE TELMINAL Applied For City & State City & State 4. FEI Number 04-3284577 Not Applicable TAMPA Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change ☐ Addition TITLE TITLE ☐ Delete MALONEY, ROBERT M JR. NAME NAME 55 WOODCREST ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOXFORD MA** Addition ☐ Change ☐ Delete TITLE MALONEY, ROBERT M NAME STREET ADDRESS 30 ROWLEY BRIDGE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TOPSFIELS MA Addition DTS -. 🔲 Delete. . TITLE TITLE appell, warren g NAME NAME STREET ADDRESS 43 FENNO DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ROWLEY MA 01969 ☐ Change ☐ Addition ☐ Delete TITLE TITLE DEXTER, PAULA NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

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TITLE NAME STREET ADDRESS

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SIGNATURE:

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46 ABBINGTON ROAD

DANVERS MA 01923

ROUTH AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

□ Delete

☐ Delete

1-6-00

978 535 1304

☐ Change

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Date

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