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## **2001 UNIFORM BUSINESS REPORT (UBR)**

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SIGNATURE AND TYPED OR PRINZ

ED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## Feb 13, 2001 8:00 am Secretary of State DOCUMENT # P95000025192 OCEAN ALLOYS, INC. 02-13-2001 90021 008 \*\*\*150.00 Principal Place of Business Mailing Address 15172 75TH WAY N 15172 75TH WAY N PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418 2. Principal Place of Business 3. Mailing Address 18295 LAKE BEND DR. 8295 LAKE BEND DR Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State JUPITER 4. FEI Number 65-0574175 JURITER Not Applicable Country ountry USA \$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 ZUCKER ZUCKER, FREDERICK A 15172 75TH WAY PALM BEACH GARDENS FL 33418 8. The above name entity submits this statement for the propose of changing its registered office or registered agent, or both, in the State of Florida FREDERICK A ZUCKER 1/10/01 PRESIDENT (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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (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 ☐ Delete TITLE ZUCKER, FREDERICK A NAME 18295 LAKE BEND DR. STREET ADDRESS STREET ADDRESS 15172 75TH WAY'N CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS-FL 33418-📉 Change ☐ Defete TITLE TITI F BENNETT, VIRGINIA NAME NAME VIRGINIA K. ZUCKER STREET ADDRESS 9146 PALOMINO DR STREET ADDRESS 18295 LAKE BEND DR. CITY-ST-ZIP LAKE WORTH FL 33467 CITY-ST-ZIP JUPITER\_FL\_33458 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZE CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 impowered.