

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000054564

1. Entity Name

OCEANIC PROPERTIES, INC.

FILED
Feb 17, 2000 8:00 am
Secretary of State

02-17-2000 90084 010 ***150.00

Principal Place of Business

207 NORTH ROSCOE BLVD.
PONTE VEDRA BEACH FL 32082

Mailing Address

207 NORTH ROSCOE BLVD.
PONTE VEDRA BEACH FL 32082-3106

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

59-3332342

Applied For

Not Applicable

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

PATTERSON, LAWRENCE R
3010 SOUTH THIRD STREET
JACKSONVILLE BEACH FL 32250

Name

CLAY B. TOUSEY, JR.

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

1 INDEPENDENT DR., SUITE 2600

City

JACKSONVILLE,

FL

Zip Code

32202

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

2/16/00

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, 2000 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 DP
NAME ALEXON, HARRY
STREET ADDRESS 207 NORTH ROSCOE BLVD.
CITY-ST-ZIP PONTE VEDRA BEACH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S
NAME ALEXON, JOHN
STREET ADDRESS 216 CLATTERBRIDGE
CITY-ST-ZIP PONTE VEDRA BEACH FL

☐ Delete

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CITY-ST-ZIP

☐ 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: HARRY ALEXON HARRY ALEXON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-00

Date

904-285-9282

Daytime Phone #

CR2E034 (9/99)