

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000054564****1. Entity Name**
OCEANIC PROPERTIES, INC.**FILED**
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90034 044 ***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**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****TOUSEY, CLAY B JR**
1 INDEPENDENT DR
SUITE 2600
JACKSONVILLE FL 32202**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** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****TITLE** **DP** ☐ Delete
NAME **ALEXON, HARRY**
STREET ADDRESS **207 NORTH ROSCOE BLVD.**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082****TITLE** **SV** ☐ Delete
NAME **ALEXON, JOHN**
STREET ADDRESS **216 CLATTERBRIDGE**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082****TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
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CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
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 empowered.****SIGNATURE:****SIGNATURE REQUIRED**
John J Alexon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/10/02

Daytime Phone #

(904) 285-9282

CR2E034 (9/01)