2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P95000095562 May 08, 2000 8:00 am Secretary of State 1. Entity Name OCEAN INVESTMENT GROUP INC. 05-08-2000 90057 034 ***150.00 Mailing Address Principal Place of Business 1678 FARMINGTON CIR 711 FOREST CLUB DRIVE WELLINGTON FL 33414-8922 # 606 WELLINGTON FL 33414 3. Mailing Address 2. Principal Place of Business 08 RAMDIEV DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0086200 Not Applicable 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BALICKI, RAYMOND J Street Address (P.O. Box Number is Not Acceptable) 711 FOREST CLUB DR. **WELLINGTON FL 33414** 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. 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. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition ☐ Delete TITLE ☐ Change TITLE BALICKI, RAYMOND J NAME NAME 1151 SE 7TH COURT, #205 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P **DANIA FL 33004** ☐ Addition ☐ Delete TITI F ☐ Change TITLE BALICKI, GREGORY M. NAME 1678 FARMINGTON CIR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WELLINGTON FL 33414 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.