

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90132 040 ***150.00

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1. Entity Name
OCEANS, REEFS & AQUARIUMS, INC.



Principal Place of Business
**5600 US 1 NORTH
ACTED BLDG
FT PIERCE FL 34946**

Mailing Address
**5600 US 1 N
ACTED BLDG
FORT PIERCE FL 34946**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
5600 US 1 NORTH

3. Mailing Address
5600 US 1 NORTH

Suite, Apt. #, etc.

City & State
Ft. PIERCE, FL

City & State
Ft. PIERCE, FL

4. FEI Number **65-0657787**

Applied For
 Not Applicable

Zip **34946** Country

Zip **34946** Country

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

**STEWART, WILLIAM ESQ
STEWART, NALL, EVANS & HAFNER, P.A.
3355 OCEAN DR.
VERO BEACH FL 32963**

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. I am familiar with, and accept the obligations of registered agent.

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP VAUGHN, DAVID %5600 US 1 NORTH FT PIERCE FL 34946 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEGAN DAVIS-HODGKINS 5600 US 1 NORTH Ft. PIERCE, FL 34946 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KING, LARRY P.O. BOX 780459 ORLANDO FL 32878 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	14816 HARTFORD RUN DR. ORLANDO, FL 32828 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, JEFFREY 6250 NW 66TH AVE PARKLAND FL 33067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC HERMAN, RICK HBOI, 5600 US HWY 1 NORTH FT PIERCE FL 34946 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5600 US 1 NORTH Ft. PIERCE, FL 34946 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV GAINES, KEVIN 1841 26TH AVE VERO BCH FL 32960 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Signature] <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANK HOFF 33418 OLD St. Joe ROAD DADE CITY, FL 33525 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** **1/15/03** **772-465-2400 X538**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **LARRY L. KING, CFO** Date Daytime Phone #

CR2E034 (10/02)