

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000009872

1. Entity Name
BOCA OCEAN CORP.

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90027 048 ***150.00

Principal Place of Business
1810 NW 23RD BLVD
APT 232 TUCHMAN
GAINESVILLE FL 32605
US

Mailing Address
1810 NW 23RD BLVD
APT 232 TUCHMAN
GAINESVILLE FL 32605
US

2. Principal Place of Business
6528 NW 50th Lane
Suite, Apt. #, etc.

3. Mailing Address
Same as 2
Suite, Apt. #, etc.

City & State
Gainesville FL
Zip
32653-3933
Country

City & State
Gainesville FL
Zip
32653
Country

4. FEI Number 65-0642922
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
TUCHMAN, STEPHAN A
1810 NW 23RD BLVD
APT 232
GAINESVILLE FL 32605

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
6528 NW 50th Lane
City Gainesville FL Zip Code 32653

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  STEPHAN A. TUCHMAN 3/15/01
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, 2001 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	D	<input type="checkbox"/> Delete	TITLE	6528 NW 50th Lane	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUCHMAN, STEPHAN A		NAME	Gainesville FL 32653	
STREET ADDRESS	1810 NW 23RD BLVD, APT 232		STREET ADDRESS	6528 NW 50th Lane	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	GAINESVILLE FL 32605		CITY-ST-ZIP	Gainesville FL 32653	
TITLE	TUCHMAN, HILARY RILEY	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE:  STEPHAN A. TUCHMAN 3/15/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

003891

CR2E034 (10/00)