

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90005 016 ***150.00

DOCUMENT # P96000061757

1. Entity Name

OCEAN MARINE ENTERPRISES, INC.

Principal Place of Business

1650 S.E. 17TH ST.
 SUITE 101
 FORT LAUDERDALE FL 33316

Mailing Address

1650 S.E. 17TH ST.
 SUITE 101
 FORT LAUDERDALE FL 33316

2. Principal Place of Business

850 NE 3rd Street

3. Mailing Address

850 N.E 3rd Street

Suite, Apt. #, etc.

Suite 206

Suite, Apt. #, etc.

Suite 206

City & State

Dania, FL

City & State

Dania, FL

Zip

33004

Country

Broward

Zip

33004

Country

Broward

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0683319

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MACMAHON, CHARLES H III
 1022 SE 11TH COURT
 FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers Not Acceptable)

850 NE 3 ST., #206

DANIA BEACH

FL

Zip Code

33004

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

C.H. MacMahon

C.H. MacMahon

1/18/02

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
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME	PS MACMAHON, CHARLES H III	<input type="checkbox"/> Delete
STREET ADDRESS	1022 SE 11TH COURT	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE NAME	V MACMAHON, VERONICA M	<input type="checkbox"/> Delete
STREET ADDRESS	1022 SE 11 CT	
CITY-ST-ZIP	FT LAUDERDALE FL 33316	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	850 NE 3 ST., #206	
CITY-ST-ZIP	DANIA BEACH, FL 33004	
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	850 NE 3 ST., #206	
CITY-ST-ZIP	DANIA BEACH, FL 33004	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

C.H. MacMahon

1/18/02

954 922 6661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)