

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000013627

1. Entity Name

OCEANIC RETRIEVALS, INC.

Principal Place of Business

27 HORTON CIRCLE
SARASOTA FL 34232

Mailing Address

P.O. BOX 3693
TEQUESTA FL 33469-1010
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

ROSSOW, GERALD Z
725 N. A1A, SUITE E-206
JUPITER FL 33477

7. Name and Address of New Registered Agent

Name Rossow, Gerald Z.

Street Address (P.O. Box Number is Not Acceptable)

4400 PGA Blvd., Suite 700

City Palm Beach Gardens, FL Zip Code 33410

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

Gerald Z. Rossow

Gerald Z. Rossow

DATE

1/7/00

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, 2000 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 DPST ☐ Delete
NAME JOHNSON, RALPH R
STREET ADDRESS 27 HORTON CIRCLE
CITY-ST-ZIP SARASOTA FL 34232

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: Ralph R. Johnson Ralph R. Johnson, President 1 JAN 00 (561) 748-0669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90201 001 ***150.00
01-20-2000 90201 002 *****8.75



DO NOT WRITE IN THIS SPACE

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CR2E034 (9/99)