

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000048313
Entity Name
OCEAN REEF MARINE SERVICES, INC.

FILED
Feb 22, 2000 8:00 am
Secretary of State
02-22-2000 90034 005 ***150.00

Principal Place of Business Mailing Address
OCEAN REEF DRIVE 31 OCEAN REEF DRIVE
C-300 SUITE C-300
KEY LARGO FL 33037 KEY LARGO FL 33037-5268

813346



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number 65-0765492 Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LUBAN, KENNETH A
31 OCEAN REEF DRIVE
SUITE C-300
KEY LARGO FL 33037

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. 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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
P SILER, G. SCOTT 31 OCEAN REEF DRIVE, SUITE C-300 KEY LARGO FL 33037	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition ROBERT M. BERREY
VP ARMBRIDGE, ROBERT R 31 OCEAN REEF DRIVE, SUITE C-300 KEY LARGO FL 33037	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
VPT TRUCKENBROD, JAMES M 31 OCEAN REEF DRIVE, SUITE C-300 KEY LARGO FL 33037	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition SUZANNE C. ANDERSON
VPS LUBAN, KENNETH A 31 OCEAN REEF DRIVE, SUITE C-300 KEY LARGO FL 33037	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: 2/9/00 (305) 347-5850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #