

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

150.00

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DOCUMENT # P97000048313

1. Entity Name
OCEAN REEF MARINE SERVICES, INC.



FILED
CLERK OF THE STATE
DIVISION OF CORPORATION

03 JAN 17 PM 4:43

Principal Place of Business
35 OCEAN REEF DRIVE
STE. 200
KEY LARGO FL 33037

Mailing Address
35 OCEAN REEF DRIVE
STE. 200
KEY LARGO FL 33037



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

LUBAN, KENNETH A
35 OCEAN REEF DRIVE
STE. 200
KEY LARGO FL 33037

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 P
NAME ASTBURY, PAUL M.G.
STREET ADDRESS 35 OCEAN REEF DRIVE, SUITE 200
CITY-ST-ZIP KEY LARGO FL 33037 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
300012698789
02/18/03--01044--017 **350.00

TITLE VPT
NAME ANDERSON, SUZANNE C
STREET ADDRESS 35 OCEAN REEF DRIVE, SUITE 200
CITY-ST-ZIP KEY LARGO FL 33037 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VPS
NAME LUBAN, KENNETH A
STREET ADDRESS 35 OCEAN REEF DRIVE, SUITE 200
CITY-ST-ZIP KEY LARGO FL 33037 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ 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: KENNETH A. LUBAN, 1/12/03 305-367-5850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)