

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000073314

1. Entity Name

OCEAN ATLANTIC CORPORATION

FILED

00 JUN 20 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

PO BOX 2756
STUART FL 34997

PO BOX 2756
STUART FL 34996-2756

5/26/00 90122/010 \$150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

~~4400~~ PO Box 2756
Suite, Apt. #, etc.

3. Mailing Address

PO Box 2756
Suite, Apt. #, etc.

City & State

Stuart FL

City & State

Stuart, FL

4. FEI Number

65-0843059

Applied For

Not Applicable

Zip

34997

Country

MADEIN

Zip

34997

Country

MADEIN

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANGELASTRO, PAUL S
3008 S.E. DARIEN RD.
PORT ST LUCIE FL 34952

7. Name and Address of New Registered Agent

Name: PAUL S. ANGELASTRO

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

1294 VIRCYA Cn

City

Palm City

FL

Zip Code

34990

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

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	P ANGELASTRO, PAUL S 3008 SE DARIEN RD. PORT ST. LUCIE FL 34952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vicky Lombardo VP 2323 SE Washington St	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rich Gamina Tr 2594 SW Mayacco Way Palm City FL 34990	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FRAN ANGELASTRO Sec. 4502 N Federal Hwy Apt 139 Lt House Point FL 33064	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
Vicky Lombardo VP 2323 SE Washington St Stuart FL 34997	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Rich Gamina Tr 2594 SW Mayacco Way Palm City FL 34990	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
FRAN ANGELASTRO 4502 N Federal Hwy Lt House Point FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

PAUL S. ANGELASTRO PRES. 4-25-00
2881411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/99)