

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
 05-29-2002 90719 028 ***150.00

DOCUMENT # P97000073314

1. Entity Name
OCEAN ATLANTIC CORPORATION

Principal Place of Business

PO BOX 2756
STUART FL 34997

Mailing Address

PO BOX 2756
STUART FL 34997

DUPLICATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0843059

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ANGELASTRO, PAUL S
1294 VISCYA CR.
PALM CITY FL 34990

7. Name and Address of New Registered Agent

Name: **ANGELASTRO, PAUL S.**
 Street Address (P.O. Box Number is Not Acceptable): **3315 SB FBO HWY.**
STUART FL
 City: **STUART** State: **FL** Zip Code: **34997**

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, 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 **P** ☐ Delete
NAME **ANGELASTRO, PAUL S**
STREET ADDRESS **1124 SW 35 STREET**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **VP** ☐ Delete
NAME **ANGELASTRO, PAUL S**
STREET ADDRESS **1124 SW 35 STREET**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **T** ☐ Delete
NAME **GAMINA, RICH**
STREET ADDRESS **2594 S.W. MAYACCO WAY**
CITY-ST-ZIP **PALM CITY FL 34990**

TITLE **S** ☐ Delete
NAME **ANGELASTRO, FRAN**
STREET ADDRESS **4502 N. FEDERAL HWY., APT. 139**
CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**

TITLE ☐ Delete
NAME
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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/01)