

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90125 049 ***150.00

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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

2. Principal Place of Business
3311 SE Federal Hwy
Suite, Apt. #, etc.

3. Mailing Address
3311 SE Federal Hwy
Suite, Apt. #, etc.

City & State
Stuart, FL

City & State
Stuart, FL

4. FEI Number 65-0843059

Applied For
Not Applicable

Zip
34997

Country

Zip
34997

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ANGELASTRO, PAUL S
3311 SE FEDERAL HWY
STUART FL 34997

Name Angelastro, Paul S

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

31 Riverway Blvd

City Palm Cfty

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* *FRAS*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-02-03

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	<input checked="" type="checkbox"/> Delete
NAME	ANGELASTRO, PAUL S	
STREET ADDRESS	1124 SW 35 STREET	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ANGELASTRO, PAUL S	
STREET ADDRESS	1124 SW 35 STREET	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	GAMINA, RICH	
STREET ADDRESS	2594 S.W. MAYACCO WAY	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	S	<input type="checkbox"/> Delete
NAME	ANGELASTRO, FRAN	
STREET ADDRESS	4502 N. FEDERAL HWY., APT. 139	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Angelastro, Paul	
STREET ADDRESS	3311 SE Federal Hwy	
CITY-ST-ZIP	Stuart, FL 34997	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Angelastro, Paul	
STREET ADDRESS	3311 SE Federal Hwy	
CITY-ST-ZIP	STUART, FL 34997	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Angelastro, Fran	
STREET ADDRESS	4502 N Federal Hwy, Apt 139	
CITY-ST-ZIP	Lighthouse Point, FL 33064	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-02-03 772 288 1411

Date

Daytime Phone #

CR2E034 (10/02)