

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State
04-04-2001 90023 038 ***150.00

0323367

DOCUMENT # P97000093871

1. Entity Name

OCN PALMS, INC.

Principal Place of Business

**3494 LANTERN BAY DRIVE
JUPITER FL 33458**

Mailing Address

**3494 LANTERN BAY DRIVE
JUPITER FL 33458****C0041563**

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 **65-0790781**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**VALDES-FAULI CORPORATE SERVICES, INC.
777 SOUTH FLAGLER DRIVE SUITE 500E
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name

Harold H Hogg

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

3194 Lantern Bay Drive

City

Jupiter

FL

Zip Code

33458

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

Harold H Hogg**3/29/01**

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, 2001 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	PSD	<input type="checkbox"/> Delete
NAME	HOGG, HAROLD H	
STREET ADDRESS	3494 LANTERN BAY DR	
CITY-ST-ZIP	JUPITER FL 33458	

TITLE	VD	<input type="checkbox"/> Delete
NAME	HOGG, JAMES W	
STREET ADDRESS	258 KRISTA LANE	
CITY-ST-ZIP	DALLASTOWN PA 17303	

TITLE	VD	<input type="checkbox"/> Delete
NAME	HOGG, DAVID H	
STREET ADDRESS	1125 WYNDSONG DR	
CITY-ST-ZIP	YORK PA 17403	

TITLE	V	<input type="checkbox"/> Delete
NAME	STAUFFER, DAVID E	
STREET ADDRESS	2323 S ATLANTIC AVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Harold H Hogg**3/29/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)