

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90326 034 ***150.00

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DOCUMENT # P98000018183

1. Entity Name
OCEAN CONVERSIONS & MOBILITY AUTO SALES, INC.

| | |
|---|---|
| Principal Place of Business 750 E SAMPLE ROAD BLDG 8, STE 7 POMPANO BEACH FL 33064 | Mailing Address 750 E SAMPLE ROAD BLDG 8, STE 7 POMPANO BEACH FL 33064 |
|---|---|



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-0814914** Applied For
 Not Applicable

Zip Country Zip Country 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

PARKS, JAMES E
750 E SAMPLE ROAD
BLDG 8, STE 7
POMPANO BEACH FL 33064

Name **JAMES E. PARKS**
 Street Address (P.O. Box Number is Not Acceptable)
400 NORTH Federal Hwy
#114
 City **Deerfield Bch** FL Zip Code **33441**

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 _____ (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 | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD PARKS, JAMES E 750 E SAMPLE RD, BLDG 8, STE 7 POMPANO BEACH FL 33064 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President JAMES E. PARKS 400 N. Federal Hwy #114 Deerfield Bch. Fl. 33441 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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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: *James E. Parks* Date 2/15/01 Daytime Phone # 954-942-6033

CR2E034 (10/00)