

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000020482

1. Entity Name

OCC, INC.

Principal Place of Business

1920 SEAWAY DRIVE
FT PIERCE FL 34950

Mailing Address

1920 SEAWAY DRIVE
FT PIERCE FL 34950

2. Principal Place of Business

122 AE BACKUS AVE
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 3265
Suite, Apt. #, etc.

City & State

FT Pierce, FL

City & State

FT Pierce, FL

Zip

34950

Country

USA

Zip

34948

Country

USA

6. Name and Address of Current Registered Agent

FARRELL, RICKEY L
1595 SE PORT ST LUCIE BLVD
PORT ST LUCIE FL 34952

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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	D	<input checked="" type="checkbox"/> Delete
NAME	OGINZ, FREDERICK J	
STREET ADDRESS	1920 SEAWAY DRIVE	
CITY-ST-ZIP	FT PIERCE FL 34950	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CASTLEMAN, THOMAS	
STREET ADDRESS	480 SOUTH OCEAN DRIVE	
CITY-ST-ZIP	FT PIERCE FL 34949	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASTLEMAN, BEVERLY	
STREET ADDRESS	480 SOUTH OCEAN DRIVE	
CITY-ST-ZIP	FT PIERCE FL 34949	See OWNER
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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
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
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STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90013 024 ***150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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