

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000022451

1. Entity Name

OCEANS BELOW, INC.

Principal Place of Business

503-A NORTHLAKE BLVD
N. PALM BEACH FL 33048

Mailing Address

646 FLAGLER BOULEVARD
LAKE PARK FL 33403

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0840576

Applied For

Not Applicable

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

SABATELLO, MICHAEL J ESQ
777 S FLAGLER DRIVE
SUITE 300E
WEST PALM BEACH FL 33401

Name Denise R. Skinner

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

City Lake Park,

FL

Zip Code
33403

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

Denise R. Skinner

Denise R. Skinner/Vice-President 1/5/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME SKINNER, ROBERT
STREET ADDRESS 646 FLAGLER BOULEVARD
CITY-ST-ZIP LAKE PARK FL 33403

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SKINNER, DENISE
STREET ADDRESS 646 FLAGLER BOULEVARD
CITY-ST-ZIP LAKE PARK FL 33403

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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:

Denise R. Skinner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Denise R. Skinner

1/5/01

Date

561- 848-1725

Daytime Phone #

CR2E034 (10/00)

0507728

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90049 011 ***150.00

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DO NOT WRITE IN THIS SPACE