

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000049645

1. Entity Name

OCEAN MIST, INC.

FILED

Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90054 041 ***150.00

Principal Place of Business

Mailing Address

210 E COMMERCIAL BLVD
FORT LAUDERDALE FL 33308

210 E COMMERCIAL BLVD
FORT LAUDERDALE FL 33308-4405

LAUDERDALE - BY THE SEA, FL
33308

LAUDERDALE BY THE SEA
33308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

LAUDERDALE BY THE SEA, FL

Zip 33308

Country

BLOWARD

Zip 33308

Country

4. FEI Number

65-0843989

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

HOPKINS, ROBERT G
2639 N RIVERSIDE DR
POMPANO BEACH FL 33062

Name

Adele M. Hopkins

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

2639 N. RIVERSIDE DR.

POMPANO BEACH

City

APT 1105

FL

Zip Code

33062

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

Adele M. Hopkins

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/21/00

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, 2000 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	<input type="checkbox"/> Delete
NAME	HOPKINS, ADELE M	
STREET ADDRESS	2639 N RIVERSIDE DR	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	S	<input type="checkbox"/> Delete
NAME	HOPKINS, ADELL M	
STREET ADDRESS	2639 N RIVERSIDE DR	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE	T	<input type="checkbox"/> Delete
NAME	HOPKINS, ADELL M	
STREET ADDRESS	2639 N RIVERSIDE DR	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE		<input type="checkbox"/> Delete
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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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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:

Adele M. Hopkins
ADELE M. HOPKINS

April 21, 2000

Date

954-938-5234

Daytime Phone #

CP2E034 (9/99)