

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90168 021 ***150.00

DOCUMENT # P98000049645

1. Entity Name
OCEAN MIST, INC.

Principal Place of Business
210 E COMMERICAL BLVD
LAUDERDAL BY THE SEA FL 33308

Mailing Address
210 E COMMERICAL BLVD
LAUDERDAL BY THE SEA FL 33308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0843989**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOPKINS, ADLEE M
2639 N RIVERSIDE DR
POMPANO BEACH FL 33062

Name

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

4540 N. OCEAN DR, APT 28

City

LAUDERDAL BY THE SEA FL

Zip Code

33308

8. The above named agent submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Adelle M. Hopkins

4-10-02

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
D
HOPKINS, ADELE M
2639 N RIVERSIDE DR
POMPANO BEACH FL 33062
4540 OCEAN DR
LAUDERDAL BY THE SEA
33308

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

TITLE ☐ Delete
S
HOPKINS, ADELL M
2639 N RIVERSIDE DR
POMPANO BEACH FL 33062

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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, and an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-954-938-5234

CR2E034 (9/01)