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## 2002 UNIFORM BUSINESS REPORT (UBR)

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GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Feb 13, 2002 8:00 am Secretary of State P98000077163 DOCUMENT # 1. Entity Name OCEAN ATLANTIC DEVELOPMENT INC. 02-13-2002 90112 037 \*\*\*150.00 Principal Place of Business Mailing Address 62 E. GRANADA BLVD 62 E. GRANADA BLVD ORMOND BEACH FL 32176 ORMOND BEACH FL 32176 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3532851 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BUTERA, BENJAMIN P Street Address (P.O. Box Number is Not Acceptable) 62 E. GRANADA BLVD **ORMOND BEACH FL 32176** City Zip Code 8. The above named entitle this statement for the purpose of changing office or registered agent, or both, in the State of Florida. SIGNATURE MOTE: Registered Agent signature required when reinstating? 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition TITLE ☐ Delete TITLE ☐ Change BUTERA, BENJAMIN P NAME NAME STREET ADDRESS 62 E. GRANADA BLVD STREET ADDRESS **ORMOND BEACH FL 32176** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITLE NAME **BUTERA, SUSAN** NAME STREET ADDRESS 62 E. GRANADA BLVD STREET ADDRESS CITY-ST-7IP ORMOND BEACH FL 32176 CITY-ST-ZIP TITLE → -- Delete TITLE Change ☐ Addition NAME LERNER, DONALD NAME STREET ADDRESS 1 CAPRI COURT STREET ADDRESS CITY-ST-ZIP PALM COAST FL 32137 CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME LERNER, BRENDA STREET ADDRESS 1 CAPRI COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM COAST FL 32137 ☐ Delete TITLE □ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 traffice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if