2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P98000077163 **DOCUMENT#**

1. Entity Name



FILED Jan 29, 2003 8:00 am Secretary of State

01-29-2003 90186 009 ***150.00

OCEAN ATLANTIC DEVELOPMENT INC.											
Principal Place of Business 62 E. GRANADA BLVD 62 E. GRANADA BLVD ORMOND BEACH FL 32176 CRMOND BEACH FL 32176 3. Mailing Address 3. Mailing Address					176						
							-{				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF M	AKING C	HANGES	i	
City & State			City & State			_	4. FEI Number 59-3532851 Applied For Not Applicable				
Zip	Country		Zip Country		ntry	5. Certificate of Status Desired			\$8.75 Additional Fee Required		
	6. Name	and Address of Curren	t Registered Agent				7. Name and Address of New Regis	tered Ag	ent		
	ه پید قسمین حصر		موسيفك حواليوجيد		Name					- 	
Butera, Benjamin P					Street Address (P.O. Box Number is Not Acceptable)						
62 E. GRANADA BLVD					- Cadda Adda (1.5. 55. Admissi is Not Adda passa)						
ORMOND	BEACH FL 3	32176									
ē					City	FL Zip Code					
8. The above	e named entity	submits this statement f	for the purpose of changing	g its registere	ed office or re	gistered	d agent, or both, in the State of Florida.	I am far	niliar with	and accept	
the obliga 🍾	itions of registe	ered agent.									
SIGNATURE											
	Signature, typed	or printed name of registered agen	nt and title if applicable.	(NOTE: Registere	d Agent signature r	equired wh	hen reinstating)	DATE			
Afte	er May 1, 200	! FEE IS \$150.00 3 Fee will be \$550.00					9. Election Campaign Financi Trust Fund Contribution.	ng 🗆)0 May Be d to Fees	
Make Chec	k Payable to	Florida Department o	of State					–			
10.		OFFICERS AND	DIRECTORS	11.			ADDITIONS/CHANGES TO OFFICER				
TITLE	D	CHIAMBI D	Delete	TITLE				[Change	☐ Addition	
NAME CIRCULADORESC	BUTERA, B 62 E. GRAI			NAM							
STREET ADDRESS CITY-ST-ZIP		BEACH FL 32176			-ST-ZIP						
	ONWOND E	JENOTI E 32170	☐ Delete		•			r	☐ Change	☐ Addition	
TITLE NAME	LERNER, D	ONALD	∟ Delete	TITLE	i i			L	_ Change	Adoldon	
STREET ADDRESS	1 CAPRI CO			4	ET ADDRESS						
CITY-ST-ZIP		ST FL 32137		CITY	-ST-ZIP						
TITLE	n		□ Delete	TITLE	:				☐ Change	Addition	
NAME	LERNER, B	RENDA	<u>, 444.</u> 1. 34	NAM	E	-	·				
STREET ADDRESS	1 CAPRI CO	ourt			ET ADDRESS						
CITY-ST-ZIP	PALM COA	ST FL 32137		CITY	-ST-ZIP	_,_					
TITLE	D		☐ Delete	TITLE	170	> 1		Ş	Change	☐ Addition	
NAME STREET ADDRESS		HRISTOPHER B		NAMI	E CET ADDRESS	δυϯͼ	era				
CITY-ST-ZIP	62 E GRAN	BEACH FL 32176			-ST-ZIP						
TITLE	TORINOITO D	LAUTTE JZ1/0	☐ Delete	TITLE					Change	☐ Addition	
NAME			Delete	NAME				L	_ viianys	Audition	
STREET ADDRESS	1	-		1	ET ADDRESS						
CITY-ST-ZIP				CITY-	-ST-ZIP						
TITLE			□ Delete	TITLE	: -			Г	Change	☐ Addition	
NAME				NAM				_			
STREET ADDRESS					ET ADDRESS						
CITY - ST- 7/P	1			CITY	- QT_71D						

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with any address, with all other like empowered.

SIGNATURE: