

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

1. Entity Name **Ocean Trust INC**

P9800079324

FILED

01 APR 17 AM 10:48

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

**810 South Fiske Blvd
Rockledge FLORIDA 32755**

2. Principal Place of Business

810 South Fiske Blvd

Suite, Apt. # etc.

3. Mailing Address

810 South Fiske Blvd

Suite, Apt. # etc.

DO NOT WRITE IN THIS SPACE

City & State

Rockledge Florida

City & State

Rockledge Florida

Zip

32955

Country

Brevard

Zip

32955

Country

Brevard

4. FEI Number

59-3534302

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**Albert D. Celio, Esquire
976 Brevard Ave
Rockledge, FL 32955**

7. Name and Address of New Registered Agent

Name

ESAM E. TABIDI

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

810 South Fiske Blvd

City

ROCKLEDGE

FL

Zip Code

32955

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

ESAM E. TABIDI

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-11-01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

☐

**FILE NOW!!
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

TITLE **President** ☐ Delete
NAME **ESAM E. ELKHALITABIDI**
STREET ADDRESS **810 S. Fiske Blvd**
CITY-ST-ZIP **Rockledge, FL 32955**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME **700004212397--9**
STREET ADDRESS **-05/11/01--01108--003**
CITY-ST-ZIP *****1058.75 ***1058.75**

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

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

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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 no 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:

ESAM E. TABIDI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-01 321-223-5444

CR2E034 (11/00)