

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000005445

1. Entity Name

OCEANIC RESOURCE AND INVESTMENTS, INC.

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90030 023 ***150.00

Principal Place of Business

Mailing Address

6529 MILLHOPPER RD.
GAINESVILLE FL 32653

6529 MILLHOPPER RD.
GAINESVILLE FL 32653-3123

2. Principal Place of Business

4719 Cason Cove Dr

3. Mailing Address

4719 Cason Cove Dr.

Suite, Apt. #, etc.

Apt #1515

Suite, Apt. #, etc.

Apt #1515

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3552749

Applied For

Not Applicable

Zip

32811

Country

USA

Zip

32811

Country

USA

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

PATEL, MANU A
6529 MILLHOPPER RD.
GAINESVILLE FL 32653

Name GHAMSHYAM PATEL

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

4719 Cason Cove Drive Apt 1515

City

Orlando

FL

Zip Code

32811

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

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, 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** ☐ Delete
NAME **PATEL, GHANSHYAM**
STREET ADDRESS **P.O. BOX 80838**
CITY-ST-ZIP **MOBASA, KENYA**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4719 Cason Cove Dr Apt #1515**
CITY-ST-ZIP **Orlando, FL 32811**

TITLE **D** ☐ Delete
NAME **PATEL, MANU A**
STREET ADDRESS **6529 MILLHOPPER RD.**
CITY-ST-ZIP **GAINESVILLE FL 32653**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PATEL, GHANSHYAM.

2-15-00 407 352 8383

CR2E034 (9/99)