2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State
05-03-2001 90930 006 ***150.00

C0058536

DOCUMENT # P99000005445

1. Entity Name

OCEANIC RESOURCE AND INVESTEMENTS, INC.

Principal Place of Business	Mailing Address
4719 Cason Cove Dr. Apt. #1515 Orlando, FL 32811	4719 Cason Cove Dr. Apt. #1515 Orlando, FL 32811

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7713 APPLETREE CIRCLE	7713 APPLETREE CIRCLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO, FL	City & State: ORLANDO, FL
Zip: 32819 Country:	Zip: 32819 Country:

4. FEI Number: 59-3552749 ☐ Applied For ☐ Not Applicable

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
GHANSHYAM PATEL 4719 CASON COVE DR. APT #1515 ORLANDO, FL 32811	Name: GHANSHYAM PATEL Street Address (P.O. Box Number is Not Acceptable): 7713 APPLETREE CIRCLE City: ORLANDO FL Zip Code: 32819

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] GHANSHYAM PATEL 4-25-01
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, 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PATEL, GHANSHYAM 4719 CASON COVE DR. APT. #1515 ORLANDO, FL 32811	☐ Delete	D PATEL, GHANSHYAM 7713 APPLETREE CIRCLE ORLANDO, FL 32819	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PATEL, MANU A. 6529 MILLHOPPER RD. GAINESVILLE, FL 32653	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (11/00)

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] GHANSHYAM PATEL 4-25-01 407 352 8383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #