

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90114 009 \*\*\*150.00

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**DOCUMENT # P99000005445**

1. Entity Name  
**OCEANIC RESOURCE AND INVESTMENTS, INC.**



Principal Place of Business  
**7713 APPLETREE CIRCLE  
ORLANDO FL 32819  
US**

Mailing Address  
**7713 APPLETREE CIRCLE  
ORLANDO FL 32819  
US**



2. Principal Place of Business  
**7713 APPLETREE CIRCLE**

3. Mailing Address  
**7713 APPLE TREE CIRCLE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**ORLANDO, FLORIDA**

City & State  
**ORLANDO, FLORIDA**

4. FEI Number  
**59-3552749**

Applied For  
 Not Applicable

Zip  
**32819**

Country  
**USA**

Zip  
**32819**

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, GHANSHYAM  
7713 APPLETREE CIRCLE  
ORLANDO FL 32819**

Name  
**GHANSHYAM PATEL**

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

**7713 APPLE TREE 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

**GHANSHYAM PATEL**

**4-15-03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**PATEL, GHANSHYAM**  
**7713 APPLETREE CIRCLE**  
**ORLANDO FL 32819**  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Delete

TITLE  
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CITY-ST-ZIP  Change  Addition

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CITY-ST-ZIP  Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  Change  Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]* **PATEL, GHANSHYAM.**

**4-26-03 407 352 8383.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)