

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90133 038 ***150.00

DOCUMENT # P99000008199

1. Entity Name

BLUE OCEAN FINANCIAL SERVICES, INC.

Principal Place of Business

Mailing Address

**1974 NE 5TH ST.
 DEERFIELD BCH FL 33441**

**PO BOX 8757
 DEERFIELD BEACH FL 33443**

2. Principal Place of Business

2600 N. Military trail

3. Mailing Address

Suite, Apt. #, etc.

#290

City & State

Boca Raton FL

Zip

33431

Country

Zip

Country

4. FEI Number

65-0891504

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MILGROOM, CHRIS

1974 NE 5TH ST.

DEERFIELD BCH FL 33441

7. Name and Address of New Registered Agent

Name **Stuart C. Hoffman**

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

2600 N. Military trail #290

City **Boca Raton**

FL

Zip Code **33431**

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

Stuart C. Hoffman 4/16/02

(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, 2002 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 **PD** ☐ Delete
 NAME **MILGROOM, CHRIS**
 STREET ADDRESS **1974 N.E. 5TH STREET**
 CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **2600 N. Military trail #290**
 CITY-ST-ZIP **Boca Raton, FL 33431**

TITLE ☐ Change ☐ Addition
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 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:

Chris Milgroom 4/16/02

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

561 338-3232

CR2E034 (9/01)