2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P99000008199 **DOCUMENT #**



FILED Mar 19, 2003 8:00 am Secretary of State

1. Entity Name BLUE OCEAN FINANCIAL SERVICES, INC.							03-19-2003 90145 040 ***150.00	
Principal Place of Business 2600 N MILITARY TRAIL #290 BOCA RATON FL 33431			Mailing Address PO BOX 8757 DEERFIELD BEACH FL 33443					
2. Principal Place of Business			3. Mailing Address					-
Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES
City & State			City & State					4. FEI Number 65-089 1504 Applied For Not Applicable
Zip	Country		Zip	Zip		Country		5. Certificate of Status Desired
	6. Name	and Address of Curren	Registered Agent					7. Name and Address of New Registered Agent
HOFFMAN, STUART C 2600 N MILITARY TRAIL BOCA RATON FL 33431 8. The above named entity submits this statement for the purpose of changing its registered						260 City 53	oo N	
signature. typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) STRUCT C. Hoffman, P.A. Z/II/O3 Expection Campaign Financing. \$5.00 May Po.								
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.		OFFICERS ANI	D DIRECTORS	3	11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP		M, CHRIS ILITARY TRAIL ION FL 33431		□ Delete			26	a; 6 m; 16 Room 000 N; Military trail #290 12 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete			260	Sefina Milakoom OO N. Military trail #290 CARATON FL 33431
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

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, first, all other like empowered.

SIGNATURE: