

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

FILED

03 DEC 19 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000022358

1. Entity Name

Ocean Palm Ventures, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

530 Riverside Dr

Suite, Apt. #, etc.

3. Mailing Address

530 Riverside Dr

Suite, Apt. #, etc.

City & State

Ormond Beach, FL

City & State

Ormond Beach, FL

Zip

32176

Country

Zip

32176

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

Name and Address of Current Registered Agent

Name

Kathryn A. Vaughan

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

110 E. Granada Blvd Suite 104

City

Ormond Beach

FL

Zip Code

32176

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Stephen B. Cejner
530 Riverside Dr
Ormond Beach, FL 32176

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

200025779202
12/26/03--01086--014 **\$8.75

TITLE

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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Stephen B. Cejner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/3/03 386-6769599

Date

Daytime Phone #

CR2E034B (12/02)