

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000052794

1. Entity Name

OCEAN PROMOTIONAL PRODUCTS, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90150 016 ***150.00

Principal Place of Business

Mailing Address

~~3124 ANTIGUA DRIVE~~
~~JACKSONVILLE FL 32250~~

~~3124 ANTIGUA DRIVE~~
~~JACKSONVILLE FL 32250 3838~~

2. Principal Place of Business

404 13th Ave S.

3. Mailing Address

3948 S. 3rd ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt. A

Suite 315

City & State

Jacksonville Beach FL

City & State

Jacksonville Beach FL

Zip

Country

32250

USA

Zip

32250

Country

USA

4. FEI Number

59-3586084

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

RAINS, ROBERT L

~~3124 ANTIGUA DRIVE~~
~~JACKSONVILLE FL 32250~~

Name

Robert L. Rains

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

404 13th Ave S.

Apt. A

City

Jacksonville Beach FL

Zip Code

32250

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

Robert L. Rains

4/11/00

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, 2000 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 PVST ☐ Delete
NAME RAINS, ROBERT L
STREET ADDRESS 3124 ANTIGUA DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32250

TITLE PVST ☒ Change ☐ Addition
NAME RAINS Robert L
STREET ADDRESS 404 13th Ave S, Apt. A.
CITY-ST-ZIP Jacksonville Beach FL 32250

TITLE D ☐ Delete
NAME RAINS, ROBERT L
STREET ADDRESS 3124 ANTIGUA DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32250

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 any other like empowered.

SIGNATURE:

Robert L. Rains
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904
242-8781

CR2E034 (9/99)