

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2001 8:00 am
Secretary of State

06-27-2001 90290 006 ***150.00

DOCUMENT # P99000052794

1. Entity Name

OCEAN PROMOTIONAL PRODUCTS, INC.

Principal Place of Business

Mailing Address

404 13 AVENUE SOUTH
 APT. A
 JACKSONVILLE FL 32250

3948 SOUTH 3 STREET
 SUITE 315
 JACKSONVILLE FL 32250

772695

2. Principal Place of Business

3. Mailing Address

1046 Owen Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville Beach, FL

Zip
 32250

Country
 USA

Zip

Country

4. FEI Number 59-3580084

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
 404 13 AVENUE SOUTH
 JACKSONVILLE FL 32250

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and 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, 2001 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	POVS	<input type="checkbox"/> Delete
NAME	RAINS, ROBERT L	
STREET ADDRESS	404 13 AVENUE SOUTH APT. A	
CITY-ST-ZIP	JACKSONVILLE FL 32250	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAINS, ROBERT L	
STREET ADDRESS	3124 ANTIGUA DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32250	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert L. Rains

4/25/01

904242-8781

CR2E034 (10/00)