

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2002 8:00 am
Secretary of State

05-03-2002 90162 045 ***150.00

DOCUMENT # P99000052794

1. Entity Name
OCEAN PROMOTIONAL PRODUCTS, INC.

Principal Place of Business
1046 OWEN AVE.
JACKSONVILLE FL 32250

Mailing Address
3948 SOUTH 3 STREET
SUITE 315
JACKSONVILLE FL 32250

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

JAX Bch FL

Zip

Country

32250

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 **Robert L. Rains**
 Street Address (P.O. Box Number is Not Acceptable)
1046 Owen Ave

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **POVS**
 NAME **RAINS, ROBERT L**
 STREET ADDRESS **404 13 AVENUE SOUTH APT. A**
 CITY-ST-ZIP **JACKSONVILLE FL 32250** ☒ Delete

TITLE **President**
 NAME **RAINS, Robert L**
 STREET ADDRESS **1046 OWEN AVE.**
 CITY-ST-ZIP **JACKSONVILLE Beach, FL 32250** ☒ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

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 #

CR2E034 (9/01)