

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000080261**

1. Entity Name

All Oceans Marine, Inc.

Principal Place of Business

Mailing Address

ALL OCEANS MARINE

**1323 SE 17th ST PMB 235
FT LAUDERDALE FL 33316**

Principal Place of Business

905 SE 12th CT

Mailing Address

PMB 235

Suite, Apt. #, etc.

17

Suite, Apt. #, etc.

1323 SE 17th STREET

City & State

FORT LAUDERDALE

City & State

FORT LAUDERDALE

Zip

33316

Country

USA

Zip

33316

Country

USA

6. Name and Address of Current Registered Agent

**WINSTON JONES-CLARK
1323 SE 17th ST PMB 235
FT LAUDERDALE, FL 33316**

Name

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

City

FL

Zip Code

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, 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

WINSTON JONES-CLARK ☐ Delete
1323 SE 17th ST PMB 235
FT LAUDERDALE FL 33316

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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

3/16/00
Date

954-627 9666
Daytime Phone #

CR2E034 (9/99)

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90216 040 ***150.00

C0043161

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0952519

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent