

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 23, 2002 8:00 am
Secretary of State
 09-23-2002 90196 009 ***750.00

DOCUMENT # P99000083297

1. Entity Name
OCEAN 18, INC.

Principal Place of Business

**1503 GARDEN AVE
 TARPON SPRINGS FL 34689**

Mailing Address

**1503 GARDEN AVE
 TARPON SPRINGS FL 34689**

2. Principal Place of Business

1503 GARDEN AVE

3. Mailing Address

1503 GARDEN AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tarpon Springs FL

City & State

Tarpon Springs FL

Zip

34689

Country

USA

Zip

34689

Country

USA

4. FEI Number

59-3600697

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

BANGOS, LINDA W

1503 GARDEN AVE

TARPON SPRINGS FL 34689

7. Name and Address of New Registered Agent

Name

BANGOS JOHN J.

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

1503 GARDEN AVE

City

Tarpon Springs

FL

Zip Code

34689

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]
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9/12/02

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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 **D** ☒ Delete
 NAME **BANGOS, LINDA W**
 STREET ADDRESS **1503 GARDEN AVE**
 CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☒ Addition
 NAME **BANGOS, JOHN J.**
 STREET ADDRESS **1503 GARDEN AVE**
 CITY-ST-ZIP **Tarpon Springs FL 34689**

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

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

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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 another like empowered.

SIGNATURE:

1503 GARDEN AVE

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN J. BANGOS

DATE

9/12/02

Daytime Phone #

727-938-5935

CR2E034 (4/02)