

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000091290

1. Entity Name

OCEAN EXTREME SPORTS, INC.

FILED

Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90017 043 ***150.00

Principal Place of Business

Mailing Address

999 E. CAMINO REAL
BOCA RATON FL 33432

999 E. CAMINO REAL
BOCA RATON FL 33432-6311

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0955046

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

GOFF, WARREN
5300 NW 33RD AVE., SUITE 200
FT. LAUDERDALE FL 33309

Name Daniel J. Richardson

Street Address (P.O. Box Number is Not Acceptable)
6278 N. Federal Hwy #592

City Ft Lauderdale FL Zip Code 33308

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]*
Signature, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

5/7/00

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 NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☒ Addition
STREET ADDRESS
CITY-ST-ZIP
President
Daniel J. Richardson
6278 N. Federal Highway #592
Ft. Lauderdale FL 33308

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☒ Addition
STREET ADDRESS
CITY-ST-ZIP
Secretary
Daniel J. Richardson
6278 N. Federal Highway #592
Ft. Lauderdale FL 33308

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TITLE NAME ☐ Change ☐ Addition
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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 an other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/7/00 561-361-1077

CR2E034 (9/99)