

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000095939

1. Entity Name

OCEA MANUFACTURING, INC.

FILED
Mar 29, 2000 8:00 am
Secretary of State

03-29-2000 90065 033 ***158.75

Principal Place of Business

Mailing Address

1942 HWY 87
NAVARRE FL 32566

1942 HWY 87
NAVARRE FL 32566-1024

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

59-3605830

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

REICHEL, ALLAN F
1942 HWY 87
NAVARRE FL 32566

Name

Kim REICHEL

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

1942 HWY 87

City

NAVARRE

FL

Zip Code

32566

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

Kim Reichel

Kim REICHEL, PRESIDENT

3-22-00

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

TITLE D ☐ Delete
NAME REICHEL, ALLAN F
STREET ADDRESS 1191 HINDU COVE
CITY-ST-ZIP GULF BREEZE FL 32561

TITLE T/S/D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME REICHEL, KIM E
STREET ADDRESS 1191 HINDU COVE
CITY-ST-ZIP GULF BREEZE FL 32561

TITLE P/D ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME LUNS福德, ESTILL
STREET ADDRESS 1921 SPARROW LANE
CITY-ST-ZIP NAVARRE FL 32566

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

TITLE D ☒ Delete
NAME LUNS福德, GENA
STREET ADDRESS 1921 SPARROW LANE
CITY-ST-ZIP NAVARRE FL 32566

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 all other like empowered.

SIGNATURE:

Kim Reichel Kim REICHEL

3-22-00

Date

850-939-0426

Daytime Phone #