

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90083 005 \*\*\*150.00

DOCUMENT # P99000098791

1. Entity Name

DOC OCEANS, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

800 SCOTIA DR

Suite, Apt. #, etc.

202

3. Mailing Address

800 SCOTIA DR

Suite, Apt. #, etc.

202

**B0053596**

DO NOT WRITE IN THIS SPACE

City & State

Hypoluxo FL

Zip

33462

Country

USA

City & State

Hypoluxo FL

Zip

33462

Country

USA

4. FEI Number

65-0962512

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name PETER CLAVELL

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

800 SCOTIA DRIVE

#202

City

Hypoluxo

FL

Zip Code

33462

**DO NOT WRITE  
IN THIS SPACE**

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.

PETER CLAVELL

(NOTE: Registered Agent signature required when reinstating)

DATE

3-14-02

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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 PRESIDENT  
NAME PETER CLAVELL  
STREET ADDRESS 800 SCOTIA DR #202  
CITY-ST-ZIP Hypoluxo FL 33462

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SECRETARY  
NAME JOANNA CLAVELL  
STREET ADDRESS 800 SCOTIA DR #202  
CITY-ST-ZIP Hypoluxo FL 33462

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

Joanna Clavell

JOANNA CLAVELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/02

Date

561-

715-7762

Daytime Phone #

CR2E034B (12/01)