

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90047 008 ***150.00

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DOCUMENT # P99000100720

1. Entity Name
OCEAN DEVELOPMENTS, INC.

| | |
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| Principal Place of Business 125 NORTH AIRPORT ROAD SUITE 202 NAPLES FL 34104 | Mailing Address 125 NORTH AIRPORT ROAD SUITE 202 NAPLES FL 34104 |
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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



DO NOT WRITE IN THIS SPACE

| | | | | | | | | | | | | | | | |
|---|--|--|--|---|--|---|--|---|--|--|--|--|--|--------------------------|--|
| 4. FEI Number 58-2527571 | | Applied For <input type="checkbox"/> Not Applicable | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | | | | | | | | | | | |
| <table border="1"> <tr> <td colspan="2">6. Name and Address of Current Registered Agent</td> <td colspan="2">7. Name and Address of New Registered Agent</td> </tr> <tr> <td colspan="2"> FLOOD, PETER T 125 NORTH AIRPORT ROAD SUITE 202 NAPLES FL 34104 </td> <td colspan="2"> Name Street Address (P.O. Box Number is Not Acceptable) City </td> </tr> <tr> <td colspan="2"></td> <td colspan="2"> State FL Zip Code </td> </tr> </table> | | | | 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | | FLOOD, PETER T 125 NORTH AIRPORT ROAD SUITE 202 NAPLES FL 34104 | | Name Street Address (P.O. Box Number is Not Acceptable) City | | | | State FL Zip Code | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | | | | | | | | | | | | | |
| FLOOD, PETER T 125 NORTH AIRPORT ROAD SUITE 202 NAPLES FL 34104 | | Name Street Address (P.O. Box Number is Not Acceptable) City | | | | | | | | | | | | | |
| | | State FL Zip Code | | | | | | | | | | | | | |

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
|---|---|--|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BAIOTTO, JEFFREY M 9863 CHURCH GROSSE ILE MI 48138 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BAIOTTO, GARY F GARY LANE LIVONIA MI 48152 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *[Signature]* **4-2-02** **734-721-4497**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)