

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000105759**

1. Entity Name

FIRST OCEAN MARKETING, INC.

Principal Place of Business

C/O EDWARD P. PHILLIPS, P.A.
1881 UNIVERSITY DR., STE. 206
CORAL SPRINGS FL 33071

Mailing Address

C/O EDWARD P. PHILLIPS, P.A.
1881 UNIVERSITY DR., STE. 206
CORAL SPRINGS FL 33071

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

91-7752395

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TAYLOR, DENDRICK
C/O EDWARD P. PHILLIPS, P.A.
1881 UNIVERSITY DR., STE. 206
CORAL SPRINGS FL 33071

Name

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

City

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

Signature, typed or printed name of registered agent and filer's application.

(NOTE: Registered Agent signature required when registering)

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. 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
STREET ADDRESS
CITY-ST-ZIP
D
TAYLOR, DENDRICK
1881 UNIVERSITY DR., STE. 206
CORAL SPRINGS FL 33071☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
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STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 filer or filer's authorized representative 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 attached sheet with an address, with all other filers as required.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Business Phone #

4/18/02

954-346-0007



DO NOT WRITE IN THIS SPACE