2002 Uniform Business Report (UBR)

S01470

DOCUMENT #

1. Entity Name

OCEAN CLEANERS OF NEPTUNE BEACH. INC. 03-13-2002 90027 002 ***150.00 Principal Place of Business Mailing Address TRADEWINDS PLZ SHOPPING CTR #1 TRADEWINDS PLZ SHOPPING CTR #1 1505 ATLANTIC BLVD 1505 ATLANTIC BLVD NEPTUNE BEACH FL 32233 NEPTUNE BEACH FL 32233 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3040718 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YOON, JONG T Street Address (P.O. Box Number is Not Acceptable) 1505 ATLANTIC BLVD **NEPTUNE BEACH FL 32266** Zip Code City 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS CR2E034 (9/01) ☐ Delete TITLE ☐ Addition TITLE YOON, JONG T NAME NAME 1505 ATLANTIC BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **NEPTUNE BEACH FL 32266** CITY-ST-ZIP ☐ Addition **VPD** ☐ Delete TITLE ☐ Change TITLE. NAME YOON, JONG S NAME STREET ADDRESS STREET ADDRESS 1505 ATLANTIC BLVD CITY-ST-ZIP CITY-ST-ZIP **NEPTUNE BEACH FL 32266** Change ☐ Addition TITLE ☐ Delete STD NAME NAME LEE, JUNG J STREET ADDRESS STREET ADDRESS 1505 ATLANTIC BLVD CITY-ST-ZIP CITY-ST-ZIP **NEPTUNE BEACH FL 32266** ☐ Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

Mar 13, 2002 8:00 am ⁸
Secretary of Si

FILED

Secretary of State