

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 01, 2003 8:00 am**  
**Secretary of State**

04-01-2003 90044 022 \*\*\*150.00

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DOCUMENT # **S11851**

1. Entity Name  
**OCEANIC ENDEAVOURS INCORPORATED**



Principal Place of Business  
**140 SCENIC MAGNOLIA DR  
DELAND FL 32724  
US**

Mailing Address  
**C/O ACCOUNTING & BUSINESS CONSLT. INC.  
17 ROSE DR  
FORT LAUDERDALE FL 33316  
US**



2. Principal Place of Business

3. Mailing Address  
**c/o Acctg. & Bus. Cnslts.**

Suite, Apt. #, etc.

**1535 SE 17th St., B206**

City & State

**Fort Lauderdale, FL  
33316 U.S.**

CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

4. FEI Number **65-0224245**

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

**TAYLOR, FRANKLIN W., JR.  
140 SCENIC MAGNOLIA DR  
DELAND FL 32724**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>TAYLOR, FRANKLIN W., JR.</b> <b>140 SCENIC MAGNOLIA DR</b> <b>DELAND FL 32724</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>TAYLOR, DEBORAH A.H.</b> <b>140 SCENIC MAGNOLIA DR</b> <b>DELAND FL 32724</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Franklin W. Taylor* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18 MARCH 03

Date Daytime Phone #

CR2E034 (10/02)