

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 90008 047 ***150.00

DOCUMENT # S44781

1. Entity Name

OCEAN DEPTHS INC.

Principal Place of Business

17775 COVEY TRAIL
 BOCA RATON FL 33487

Mailing Address

17775 COVEY TRAIL
 BOCA RATON FL 33487

551804

2. Principal Place of Business

1934 Seclusion Dr
 Suite, Apt. #, etc.

3. Mailing Address

1934 Seclusion Dr
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Daytona Beach

City & State

Daytona Beach

4. FEI Number **65-0264898**

Applied For

Not Applicable

Zip

32124

Country

Zip

32124

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

HARETOS, MARGARET
 17775 COVEY TRAIL
 BOCA RATON FL 33487

Name Margaret Haretos

Street Address (P.O. Box Number is Not Acceptable)
 1934 Seclusion Drive

City Daytona Beach

FL

Zip Code 32124

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 *Margaret Haretos*

4/10/01

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
 NAME HARETOS, MARGARET D.
 STREET ADDRESS 17775 COVEY TRAIL
 CITY-ST-ZIP BOCA RATON FL ☐ Delete

TITLE *1934 HARETOS, MARGARET* ☒ Change ☐ Addition
 NAME *Seclusion Dr*
 STREET ADDRESS *Daytona Beach, FL*
 CITY-ST-ZIP *32124*

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Margaret Haretos*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01 561-994-3529
 Date Daytime Phone #

CR2E034 (10/00)