

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 13, 2001 8:00 am**  
**Secretary of State**

04-13-2001 90063 031 \*\*\*150.00

UBR0004

**DOCUMENT # S60234**

1. Entity Name  
**OCEAN HOUSE, INC.**

Principal Place of Business  
**1150B E HALLNDALE BCH BLVD  
 HALLNDALE FL 33009  
 US**

Mailing Address  
**1150B E HALLNDALE BCH BLVD  
 HALLNDALE FL 33009  
 US**

80090011



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number **65-0283452**  
 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**

**BRYAN, ROBERT P  
 1150B E HALLNDALE BCH BLVD  
 HALLNDALE FL 33009**

Name **ROBERT LECHTER**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1150B E. HALLNDALE BCH BLVD.**  
 City **HALLNDALE** FL Zip Code **33009**

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 title if applicable.

**ROBERT LECHTER** **4/5/01**  
 DATE

(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)

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PDS LECHTER, ROBERT 1150 E HALLNDALE BCH BLVD HALLNDALE FL 33009</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LECHTER, LORENA 1150 E HALLNDALE BCH BLVD HALLNDALE FL 33009</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **ROBERT LECHTER** **4/5/01** **9544553660**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (10/00)