

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
 05-06-2002 90117 019 ***150.00

DOCUMENT # S95386

1. Entity Name

OCEAN SPORT, INC.

Principal Place of Business

2491 TAILWINDS RD
 JUPITER FL 33478

Mailing Address

2491 TAILWINDS RD
 JUPITER FL 33478

2. Principal Place of Business

18851 SE CROSSWINDS LANE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JUPITER FL

City & State

SAME

Zip

33478

Country

USA

Zip

Country

4. FEI Number

65-0296383

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GALYON, G. B. III
 2491 TAILWINDS RD
 JUPITER FL 33478

7. Name and Address of New Registered Agent

Name G.B. GALYON

Street Address (P.O. Box Number is Not Acceptable)
 18851 SE CROSSWINDS LANE

City JUPITER FL

FL

Zip Code 33478

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/02

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 State

10. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE P
 NAME GALYON, G. B., III
 STREET ADDRESS 2491 TAILWINDS RD
 CITY-ST-ZIP JUPITER FL 33478

NO CHANGES
 EXCEPT ADDRESS

TITLE VST
 NAME GALYON, NANCY C.
 STREET ADDRESS 2491 TAILWINDS RD
 CITY-ST-ZIP JUPITER FL 33478

TITLE
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TITLE
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 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~RECE~~
 NAME
 STREET ADDRESS 18851 SE CROSSWINDS LANE
 CITY-ST-ZIP JUPITER, FL 33478

TITLE
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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

G.B. GALYON

Date

Daytime Phone #

4/22/02

361 746 8365

CR2E034 (9/01)