

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 23, 2001 8:00 am**  
**Secretary of State**

07-23-2001 90002 018 \*\*\*558.75

01:30:45 AI

**DOCUMENT # F00000003669**  
 1. Entity Name  
**OCEAN WEST ENTERPRISES, INC.**

Principal Place of Business  
**15991 RED HILL AVENUE #110**  
**TUSTIN CA 92780**

Mailing Address  
**15991 RED HILL AVENUE #110**  
**TUSTIN CA 92780**

2. Principal Place of Business  
**15991 Red Hill Ave #110**

3. Mailing Address  
**15991 Red Hill Ave #110**

Suite, Apt. #, etc.

City & State  
**Tustin, CA**

City & State  
**Tustin, CA**

Zip  
**92780**

Country  
**US**

Zip  
**92780**

Country  
**US**

4. FEI Number  
**33-0320824**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**C.T. CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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.

SIGNATURE \_\_\_\_\_ (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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	PC	<input type="checkbox"/> Delete
NAME	STEWART, MARSHALL	
STREET ADDRESS	24872 SUNSTAR	
CITY-ST-ZIP	DANA POINT CA 92629	
TITLE	VC	<input type="checkbox"/> Delete
NAME	MEDDINGS, DARYL	
STREET ADDRESS	21791 VIA DEL LAGO	
CITY-ST-ZIP	TRABUCO CANYON CA 92679	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Marshall Stewart* **SIGNATURE REQUIRED** **Marshall Stewart** 7/11/01 (714) 258-3863

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)