

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90091 048 \*\*\*158.75

**DOCUMENT # F01000004863**

1. Entity Name  
**OCEAN WORKS INTERNATIONAL, INC.**

Principal Place of Business      Mailing Address  
**1646 WEST SAM HOUSTON PARKWAY NORTH      1646 WEST SAM HOUSTON PARKWAY NORTH**  
**HOUSTON TX 77043      HOUSTON TX 77043**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>76-0623338</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>ADAMSON, JAMES E</b> <b>8000 SOUTH FLAGLER DRIVE</b> <b>WEST PALM BEACH FL 33405</b>				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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDS</b> <b>JACOBSON, JOHN R</b> <b>1646 WEST SAM HOUSTON PARKWAY NORTH</b> <b>HOUSTON TX 77043</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>Adamson, James E.</b> <b>8000 South FLAGLER Drive</b> <b>WEST PALM BEACH, FL 33405</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>White, William H.</b> <b>101 STABLEWOOD COURT</b> <b>HOUSTON, TX 77024</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>Director</del> <b>Tidwell, JAMES M.</b> <b>142 PLANTATION</b> <b>HOUSTON, TX 77024</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>DEMARS, BRUCE</b> <b>2303 WINDSOR ROAD</b> <b>ALEXANDRIA, VA 22307</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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: *[Signature]* **SIGNATURE REQUIRED**      4/25/02      713-933-8000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)