## 2000 UNIFORM BUSINESS REPORT (UBR) FILED May 02, 2000 8:00 am Secretary of State **DOCUMENT # K24385** 1. Entity Name OCEAN AIR & HEAT INC. 05-02-2000 90083 035 \*\*\*150.00 Principal Place of Business Mailing Address 3253 SAND CT 3253 SAND CT MELBOURNE BEACH FL 32951-3847 MELBOURNE BEACH FL 32951 3. Mailing Address 7 08 4 FLOK 10 AM A 2. Principal Place of Business A١ FLORIDANA 7084 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For BCH 59-2899179: · FL FLm ELBOORNA JELBOURNE Not Applicable Country S Country \$8.75 Additional **1**95 5. Certificate of Status Desired v.s Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HILL, MORRIS EDWARD, III Street Address (P.O. Box Number is Not Acceptable) **3253 SAND CT** MELBOURNE BEACH FL 32951 FLORIDANA 7084· শুপ্লব্দিত । BEACH MELBOURNE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/99 ☐ Addition Change TITLE ☐ Delete TITLE HILL, MORRIS EDWARD NAME NAME 7084 FLORIONNA 3253 SAND CT STREET ADDRESS STREET ADDRESS MELBOURNE BEACH FL CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change → \_ \_ Addition Delete TITLE TITLE HMAN NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS 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 2 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR