2003 FOR PROFIT CORPORATION

FILED Mar 26, 2003 8:00 am secretary of State UNIFORM BUSINESS REPORT (UBR) K24385 DOCUMENT # 03-26-2003 90188 039 ***150.00 1. Entity Name OCEAN AIR & HEAT INC. Mailing Address Principal Place of Business 7084 FLORIDANA AVE 7084 FLORIDANA AVE MELBOURNE BEACH FL 32951 MELBOURNE BEACH FL 32951 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number City & State City & State 59-2899179 Not Applicable Zip Country \$8,75 Additional Country Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HILL, MORRIS EDWARD, III Street Address (P.O. Box Number is Not Acceptable) -7084 FLORIDANA AVE **MELBOURNE BEACH FL 32951** Zip Code City 8. The above named entity submits this statement for the purpose of charging its registration or registered agent, or both, in the State of Florida. ar with, and accept gistered agent. the obligations of SIGNATURE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. ☐ Addition TITLE ☐ Delete TITLE NAME NAME HILL, MORRIS EDWARD STREET ADDRESS 7084 FLORIDANA AVE STREET ADDRESS CITY-ST-ZIP MELBOURNE BEACH FL CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE

I hereby certify that the information supplied with this filing does not qualify for the examption 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 report is if made under outh; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 907, Florida Statutes. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 907, Florida Statutes. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 907, Florida Statutes. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 907, Florida Statutes. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 907, Florida Statutes. changed, or on an attachment

STREET ADDRESS

CITY-ST-ZIP

NAME

NAME

STREET ADDRESS