


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0015918

DOCUMENT # N02000002521

1. Entity Name
OCEAN OUTREACH, INC.



FILED

03 OCT 30 AM 10:27

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business: **6031 VALLEY SPRING DRIVE BROOKSVILLE FL 34601**

Mailing Address: **6031 VALLEY SPRING DRIVE BROOKSVILLE FL 34601**

2. Principal Place of Business: **6801 Front St.**

3. Mailing Address: **PO Box 6536**

Suite, Apt. #, etc.

City & State: **Key West FL**

City & State: **Key West FL**

Zip: **33040** Country: **USA**

Zip: **33041** Country: **USA**



REINSTATEMENT 03

6. Name and Address of Current Registered Agent

FINANCIAL FOUNDATIONS, INC.
3150 SANDY RIDGE DRIVE
CLEARWATER FL 33761

4. FEI Number: **061660996**

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

Applied For Not Applicable

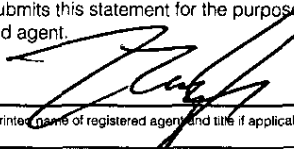
7. Name and Address of New Registered Agent

Name: **Tim Taylor**

Street Address (P.O. Box Numbers Not Acceptable): **37 Acafea Drive**

City: **Key West FL** Zip Code: **33040**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: 

700023553717
10/30/03-01087-002 DATE **\$1.25

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR, TIM	
STREET ADDRESS	6449 6TH STREET	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	D	<input type="checkbox"/> Delete
NAME	TAYLOR, ANDY D	
STREET ADDRESS	7429 SALFORD CT.	
CITY-ST-ZIP	ALEANDRIA VA 22315	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAN TAYLOR	
STREET ADDRESS	70 Porage Rd	
CITY-ST-ZIP	Edgartown, NH 03045	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	200024291222	
CITY-ST-ZIP	10/30/03-01055-017 **175.00	
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		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered.

SIGNATURE: **SIGNATURE REQUIRED**

5-1-03 3058490354

CR2E037 (4/03)