

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91182 042 ***158.75

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DOCUMENT # P02000005460

1. Entity Name
H2OCEAN, INC.



Principal Place of Business
1921 SW 15TH STREET
SUITE 32
DEERFIELD BEACH FL 33442

Mailing Address
1921 SW 15TH STREET
SUITE 32
DEERFIELD BEACH FL 33442



2. Principal Place of Business
1301 W. NEWPORT CENTER DR.

3. Mailing Address
6151 SHADOW TREE LANE

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
DEERFIELD BCH, FL.

City & State
LAKE WORTH, FL.

4. FEI Number
01-0605608

Applied For
Not Applicable

Zip
33442

Country
USA.

Zip
33463

Country
USA.

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

6. Name and Address of Current Registered Agent
KOLOS, EDWARD
1921 SW 15TH STREET
SUITE 32
DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent
Name
KOLOS, EDWARD
Street Address (P.O. Box Number is Not Acceptable)
6151 SHADOW TREE LANE
City
LAKE WORTH FL Zip Code
33463

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 *Eddie Kolos*

1/12/03

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

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	
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 11

TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOMMY KOLOS
STREET ADDRESS	6151 SHADOW TREE LANE
CITY-ST-ZIP	LAKE WORTH, FL. 33463
TITLE	S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERI ANN KOLOS
STREET ADDRESS	6151 SHADOW TREE LANE
CITY-ST-ZIP	LAKE WORTH, FL. 33463
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 607, 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 like empowered.

SIGNATURE: *Eddie Kolos* **REQUIPPRES.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/03 954 818-0748
Date Daytime Phone #

CR2E034 (10/02)