

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90348 008 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **587239** ✓
 1. Entity Name:
JENSCO MARINE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2119 BEACH AVENUE		3. Mailing Address 2119 BEACH AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State ATLANTIC BEACH, FL		City & State ATLANTIC BEACH, FL	
Zip 32233	Country USA	Zip 32233	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1851097		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name SYDNEY J. JENKINS			
Street Address (P.O. Box Number is Not Acceptable) 2119 BEACH AVENUE			
City ATLANTIC BEACH		FL	Zip Code 32233

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered agent signature is required when transferring) DATE _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JENKINS, SYDNEY J., PRESIDENT 2119 BEACH AVENUE ATLANTIC BEACH, FL 32233	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY/TREASURER POSEY H. JENKINS 2119 BEACH AVENUE ATLANTIC BEACH, FL 32233	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 partner or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Posey H. Jenkins* POSEY H. JENKINS, SEC/TREASURER 4/24/02 (904)249-7607

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)