200	2 UNIFO	RM BUSI	NESS REPO	RT ((UBR)		Mov 1	FILE	ED 9.	00 am
DOCUMENT # 694380 1. Entity Name				<u></u>			May 1 Secre	.9, ZU etarv	of St	ou am ate
•	MARINE ELECTI	RONICS, INC.				ļ	05-19-2	2002 90188	011 ***15	0.00
Principal Place of Business Mailing Address 11001 ROOSEVELT BLVD SUITE 800 ST. PETERSBURG FL 33716 US Mailing Address 11001 ROOSEVELT BLVD SUITE 800 SUITE 800 ST. PETERSBURG FL 33716 US										1881) DION NUN
2. Principal	Place of Business	3. Mailing Address		· · · · · · · · · · · · · · · · · · ·	-				BIBII QIQIS IQBI	
Suite, Ap	t. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & Sta	ate 📲		City & State		····	4. FEI N	lumber 59-212	9047		pplied For lot Applicable
Zip	Coun		Zip	Country	/	5. Certif	ficate of Status Des	sired	\$8.75 Ac	Iditional
		dress of Current Re	egistered Agent		Name	7. Name	and Address of I	New Registere	d Agent	
NELSON, CHARLES G. 11001 ROOSEVELT BLVD SUITE 800					Street Address (P.O. Box N	lumber is Not Acce	ptable)		
ST. PETE	RSBURG FL 33716				City		.	F	Zip Cod	le le
Tax filing	Signature, typed or printed noration is eligible to sa requirement and electria on back)	tisfy its Intangible	FILE NOW!! After May 1, 200 Make Check Payabl	! FEE IS 2 Fee wi	ll be \$550.00	10	e Election Campai Trust Fund Contr		\$5.0	00 May Be
11.		OFFICERS AND DI		12.			DNS/CHANGES TO	OFFICERS AN	D DIRECTOR	S IN 11
TITLE NAME Street address City-St-Zip	VD CHURCH, D. R. 11001 ROOSEVEL ST. PETERSBURG	t blvd suite 80	☐ Delete	TITLE NAME STREET A CITY-ST-	·				☐ Change	DAZE034 (9/01)
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TITLE VAME STREET ADDRESS CITY-ST-ZIP	VSTD NELSON, C. G. 11001 ROOSEVEL ST. PETERSBURG	t BLVD. Suite 80	Delete	TITLE NAME STREET A CITY-ST-					☐ Change	Addition
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TLE AME TREET ADDRESS			☐ Delete	TITLE NAME STREET AD	DDRESS	V -	· · · · · · · · · · · · · · · · · · ·		Change	Addition

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 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP