

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F03000001459

1. Entity Name  
THE FOUNDATION FOR SAFE BOATING AND MARINE  
INFORMATION, INC.



Principal Place of Business

BOX 45 ROUTE 23  
ASHLAND, NY 12407

Mailing Address

BOX 45 ROUTE 23  
ASHLAND, NY 12407



03282005 No Chg-P CR2E034 (10/03)

4. FEI Number  
22-3137479

Applied For  
Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

NICHOLS, ALEX  
2400 SUNRISE KEY BOULEVARD  
FORT LAUDERDALE, FL 33304

**DO NOT WRITE  
IN THIS SPACE**

8. The above named agent 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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE CP  
NAME SAVAROS, GUS  
STREET ADDRESS 2125 EAST 15 STREET  
CITY-ST-ZIP BROOKLYN, NY 112294314

TITLE VCP  
NAME LOMBARDO, ELAINE  
STREET ADDRESS 12 EAST ATLANTIC AVENUE  
CITY-ST-ZIP OCEANSIDE, NY 11572

TITLE DT  
NAME GRAHAM, DEBORACH  
STREET ADDRESS 104 BROOK STREET  
CITY-ST-ZIP GARDEN CITY, 11530

TITLE DS  
NAME BOWIE, VIRGINIA  
STREET ADDRESS 1095 CODWISE STREET  
CITY-ST-ZIP KINGSTON, NY 12401

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

04/19/05-80028-004 158

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:

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #