2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State
04-07-2003 90171 047 ***150.00

0605899 AV

DOCUMENT # H00761

1. Entity Name
CONSOLIDATED MARINE ENTERPRISES, INC.

Principal Place of Business	Mailing Address
5441 PALMETTO AVE FT. PIERCE FL 34982 US	5441 PALMETTO AVE FT. PIERCE FL 34982 US

2. Principal Place of Business		3. Mailing Address	
3100 Pruitt Road		PO Box 203	
Suite, Apt. #, etc. E 105		Suite, Apt. #, etc.	
City & State Port St. Lucie FL		City & State Dunbar KY	
Zip 34952	Country USA	Zip 42219	Country USA

X CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2408969 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GEROW, JOHN 5441 PALMETTO AVE FT. PIERCE FL 34982	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 Carla Gerow
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GEROW, JOHN S. 5441 PALMETTO AVENUE FT PIERCE FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GEROW, John S. 633 Provo Road Morgantown KY 42261 X Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GEROW, CARLA M. 5441 PALMETTO AVENUE FT PIERCE FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GEROW Carla 633 Provo Road Morgantown KY 42261 X Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Carla Gerow SIGNATURE REQUIRED — 4-2-03 — 270 526 0670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)