2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H06646

1. Entity Name

MARINE CONCEPTS INTERNATIONAL, INC.



FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90500 008 ***150.00

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Principal Plac	ce of Busines	s	Mailii	ng Address								
243 ANCLOTE ROAD				243 ANCLOTE ROAD								
TARPON SPRINGS FL 34689				IPON SPRINGS FL 34	1689		ĺ					
US			US						S DOUBLE DIN DUNC BOND SUIT B		8 07 868 00 9 0808	01011 D1011 1001
2. Principal F	Place of Busir	ness	3. Ma	. Mailing Address					T TRANSITO DE LIA ANTA BUIRT DI T		BIL BIBII DIBIL	BYBIT BYBIT IBBI
Suite, Apt. #, etc.				Suite, Apt. #, etc.								
Quite, Apr.	π, οισ.		1 50	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State City & State					<u> </u>			4 FFI	Number		A	oplied For
TARPO		ewas FL					-	/ L.	59-2421458	}	<u> </u>	ot Applicable
Zip Country				Zip Coun			E Cartificants of Status Decision				8.75 Ad	
34689 US			<u> </u>				5. Certificate of Status Desired				ee Require	
	6. Name	ed Agent				7. Name and Address of New Registered Agent						
Name												
LEET, JAMES W				Street Address				P.O. Box Number is Not Acceptable)				
1409 SIL	VER OAK D	RIVE		Street Address (·/		
TARPON SPRINGS FL 34689												-
		<u> </u>				_		T = -				
						City				FL	Zip Cod	e
8. The above	named entity	y submits this statement fo	r the purp	oose of changing its	registere	ed office o	r registere	ed agent,	or both, in the State of Flo	rida. I am fa	miliar with,	and accept
the obligat	tions of regist	ered agent.			ū		•	Ŭ	`			.
CIONIATURE												٠.
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if app	plicable. (NOT	E: Registered	Agent signal	ure required v	when reinsta	ting)	DATE		
	11 5 1101111	L FFF 10 04F0 08		T								
		! FEE IS \$150.00 03 Fee will be \$550.00							9. Election Campaign Fir	ancing	\$5.0	May Be
		o Florida Department of	State						Trust Fund Contribution	n. 🗆	Added	to Fees
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	 -				-		INK	ruw	Spaings, FL	3468		
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NAME STREET ADDRESS					NAME							}
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CITY-ST-ZIP		ST-ZIP	L. <u>. </u>									
12. Thereby c	ertity that the	information supplied with	tnis filina	does not qualify for	the ever	notion etat	ad in Sac	tion 110	07(2)(i) Elorida Statutoa I	further corri	without the in	oformation

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 ther like empowered.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES W. LEET PRES

4-16-03

Daytime Phone #

3R2F034 (10/0)