## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Apr 30, 2002 8:00 am Secretary of State DOCUMENT # K65082 04-30-2002 90219 037 \*\*\*150.00 STARBOARD MARINE, INC. Mailing Address Principal Place of Business P.O. BOX 14041 20666 BACK BCH RD PANAMA CITY BCH. FL 32413 PANAMA CITY BEACH FL 32413 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For FEI Number City & State 59-2928306 City & State Not Applicable \$8.75 Additional Country 5.\_Certificate of Status Desired Country Zip Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MARTIN, PATRICK H. **506 SUNSHINE CT** PANAMA CITY BEACH FL 32413 Zip Code : City 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 required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing 9. This corporation is eligible to satisfy its Intangible After May 1, 2002 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Tax filing requirement and elects to do so. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition TITLE ☐ Delete PS TITLE NAME MARTIN, PATRICK H. NAME STREET ADDRESS 506 SUNSHINE CT STREET ADDRESS CITY-ST-ZIP PANAMA CITY BEACH FL 32413 CITY-ST-ZIP ☐ Addition Change TITLE □ Delete TITLE NAME MARTIN, LISA J. NAME STREET ADDRESS STREET ADDRESS **506 SUNSHINE CT** CITY-ST-ZIP PANAMA CITY-BEACH FL 32413 CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS 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 Vultee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if other lives and the report with a legislating state of the corporation of the receiver or vultee empowered 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

SIGNATURE:

CITY-ST-7/P

CR2E034 (9/01)