

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 14, 2003 8:00 am**  
**Secretary of State**

05-14-2003 90136 014 \*\*\*\*61.25

**DOCUMENT # N02000001241**  
1. Entity Name  
**MATLACHA MARINES, INC.**



Principal Place of Business  
**4271 PINE ISLAND RD.  
MATLACHA FL 33993**

Mailing Address  
**P. O. BOX 68  
MATLACHA FL 33993**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State



CHECK HERE IF MAKING CHANGES

Zip Country Zip Country

4. FEI Number  
**02 0635879**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**JOHNSON, BERNARD  
4271 PINE ISLAND RD.  
MATLACHA FL 33993**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D P</b>	<input type="checkbox"/> Delete
NAME	<b>JOHNSON, BERNARD</b>	
STREET ADDRESS	<b>4271 PINE ISLAND RD.</b>	
CITY-ST-ZIP	<b>MATLACHA FL 33993</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MAHER, DICK</b>	
STREET ADDRESS	<b>2715 VELMA ST.</b>	
CITY-ST-ZIP	<b>MATLACHA FL 33993</b>	
TITLE	<b>D S</b>	<input type="checkbox"/> Delete
NAME	<b>LAFERA, JOHN</b>	
STREET ADDRESS	<b>4759 FLAMINGO DR.</b>	
CITY-ST-ZIP	<b>ST. JAMES CITY FL 33956</b>	
TITLE	<b>D T</b>	<input type="checkbox"/> Delete
NAME	<b>TOM RUSCIK</b>	
STREET ADDRESS	<b>7840 LOBEAN LANE</b>	
CITY-ST-ZIP	<b>BOKEELIA, FL 33922</b>	
TITLE	<b><del>DANA GOODWIN</del> Vice President</b>	<input type="checkbox"/> Delete
NAME	<b>DANA GOODWIN</b>	
STREET ADDRESS	<b>12370 SHOREVIEW DR</b>	
CITY-ST-ZIP	<b>MATLACHA FL 33991</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JERRY TOLLIVER</b>	
STREET ADDRESS	<b>1210 SW 1 PLACE</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33997</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>D P</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, BERNARD</b>	
STREET ADDRESS	<b>4271 PINE ISLAND RD.</b>	
CITY-ST-ZIP	<b>MATLACHA FL 33993</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D S</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAFERA, JOHN</b>	
STREET ADDRESS	<b>4759 FLAMINGO DR.</b>	
CITY-ST-ZIP	<b>ST. JAMES CITY FL 33956</b>	
TITLE	<b>D T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TOM RUSCIK</b>	
STREET ADDRESS	<b>7840 LOBEAN LANE</b>	
CITY-ST-ZIP	<b>BOKEELIA FL 33922</b>	
TITLE	<b>Vice President Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DANA GOODWIN</b>	
STREET ADDRESS	<b>12370 SHOREVIEW DR</b>	
CITY-ST-ZIP	<b>MATLACHA FL 33991</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Jerry Tolliver</b>	
STREET ADDRESS	<b>1210 SW 1 PLACE</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33997</b>	

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 617, 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 empowerments.

SIGNATURE: **SIGNATURE: [Signature], Pres. 5/28/03 239 283 1335**

CR2E037 (10/02)

Attachment  
90134387  
Doc # NO2000001241

ADDITIONAL DIRECTOR  
OF MATLACHA MARINES, INC.

Director  
Joey Wolpert  
P.O. Box 138  
Bokeelia FL 33993