

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 21, 2002 8:00 am**  
**Secretary of State**

08-21-2002 90086 004 \*\*\*150.00

**DOCUMENT # P00000023195**

1. Entity Name  
**MARINE US, INC.**

Principal Place of Business  
**3801 N FEDERAL HWY  
 POMPANO BEACH FL 33064**

Mailing Address  
**LOTS 8-12 MERCANTILE CT  
 C/O O-CORP MARINE PTY  
 QUEENSLAND.AUSTRALIA 4214**

2. Principal Place of Business

3. Mailing Address  
**DUPUCHY Turnquest**

Suite, Apt. #, etc.  
**PO Box F42578, CHANCERY HOUSE**

City & State  
**FREEPORT**

4. FEI Number **65-0986188** Applied For  Not Applicable

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

Zip Country Zip Country  
**GRAND BAHAMAS.**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**MAHONEY, ROBERT F  
 3801 N FEDERAL HWY  
 POMPANO BEACH FL 33064**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<b>MR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARONI, GARY J</b>	NAME	<b>GARONI, GARRY J</b>
STREET ADDRESS	<b>LOTS 8-12</b>	STREET ADDRESS	<b>PO BOX F42578, CHANCERY HOUSE</b>
CITY-ST-ZIP	<b>QUEENSLAND AUSTRALIA 4210</b>	CITY-ST-ZIP	<b>FREEPORT, GRAND BAHAMA</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 trustee empowered to execute this report as required by Chapter 687, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

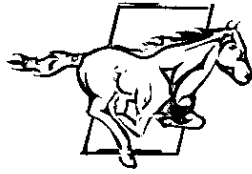
**SIGNATURE:** **SIGNATURE REQUIRED** *[Signature]* **8/7/02 954-6618910**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

Attachment

076032

# P00000023195



**MUSTANG**

CRUISERS

7<sup>th</sup> August 2002

Division Of Corporations  
Uniform Business Report Filings  
PO BOX 1500  
TALLAHASSEE FL 32302-1500

Dear Sir / Madam,

I have today spoken to a gentleman by the name of Rob from your organisation and advised him of my incident.

We have just received our Uniform Business Report this month. The copy that you send out in January did not reach the address that you had shown on the document.

Rob advised me to attach a letter stating what had happened with our check for US\$150.00 and this would be acceptable to your Department.

Thankyou for your assistance in this matter.

Sincerely,

**Brooke Dawson**  
Marine US Inc.

Marine US INC.

REGISTERED OFFICE 3801 North Federal Highway, Pompano Beach, FLORIDA 33064

OFFICE +954-661 8910 FAX +1-242 3512461 CELL +954-6618910

Email : [mustang@coralwave.com](mailto:mustang@coralwave.com)

Website: [mustangcruiser.com](http://mustangcruiser.com)

2000 / 2001 Australian Boat of the Year