

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000094102  
 1. Entity Name  
HOPKIN MARITIME, INC ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
1442 NE 55 ST  
 Suite, Apt. #, etc.

3. Mailing Address  
1442 N.E. 55 ST.  
 Suite, Apt. #, etc.

City & State  
FT. LAUDERDALE FL

City & State  
FT. LAUDERDALE FL

Zip  
33334 Country  
USA

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33334 Country  
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number  
65-1043124

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

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

Name  
DON HOPKIN

Street Address (P.O. Box Number is Not Acceptable)  
1442 N.E. 55 STREET

City  
FT. LAUDERDALE FL Zip Code  
33334

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 [Signature] DATE 4/8/03

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

January 1 - May 1 Fee is \$150.00  
 After May 1 Fee is \$550.00  
 Amended UBR is \$61.25  
 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			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<u>Pres</u> <u>DON T. HOPKIN</u> <u>1442 N.E. 55 ST</u> <u>FT. LAUDERDALE, FL 33334</u>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE 4/8/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E0345 (12/01)