

**FILED**  
**Feb 26, 2003 8:00 am**  
**Secretary of State**

02-26-2003 90161 010 \*\*\*\*88.75  
 02-05-2003 90123 045 \*\*\*\*61.25

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

00041101

<b>DOCUMENT # P02000053541</b> 1. Entity Name <b>HILLSBORO INLET MARINA CAPTAINS' ASSOCIATION, INC.</b>					
Principal Place of Business 2705 NORTH RIVERSIDE DR. POMPANO BEACH, FL 33062		Mailing Address 2705 NORTH RIVERSIDE DR. POMPANO BEACH, FL 33062		 <input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip		4. FEI Number	
Country		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>HORN, TOM</b> 2705 NORTH RIVERSIDE DR. POMPANO BEACH, FL 33062				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
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 _____					
<input type="checkbox"/> Signature, typed or printed name of registered agent and title if applicable. <input type="checkbox"/> (MORE Registered Agent signatures required when changing)					
<input type="checkbox"/> Election Campaign Financing Trust Fund Contribution. <b>\$5.00 May Be Added to Fees</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORN, TOM		NAME		
STREET ADDRESS	601 PINE DR., #104		STREET ADDRESS		
CITY- ST- ZIP	POMPANO BEACH, FL 33060		CITY- ST- ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHEELER, EDWIN F JR.		NAME		
STREET ADDRESS	2240 NE 46 ST.		STREET ADDRESS		
CITY- ST- ZIP	LIGHTHOUSE POINT, FL 33064		CITY- ST- ZIP		
TITLE	ST	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHEELER, EDWIN F SR.		NAME		
STREET ADDRESS	2736 NE 12 ST.		STREET ADDRESS		
CITY- ST- ZIP	POMPANO BEACH, FL 33062		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		
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 other title empowered.					
SIGNATURE: <i>Edwin F Wheeler Secy</i>		Date: <i>2-23-03</i>		Daytime Phone #: <i>954-942-0806</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E004 (10/02)