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

## **DOCUMENT#**

P95000080557

1. Entity Name

GC MARINE, INC.



Principal Place of Business

**SIGNATURE:** 

Mailing Address

FILED
Jan 23, 2003 8:00 am
Secretary of State
01-23-2003 90176 012 \*\*\*150.00

1213 SW 21S FT. LAUDERD.	T ST.		1213 SW 21ST ST. FT. LAUDERDALE FL 33315							
2. Principal P	lace of Busi	ness	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES		
City & State			City & State				4.	FEI Number 65-0617686 Applied For Not Applicable		
Zip Country		Zip		Country		5.	Certificate of Status Desired Sa.75 Additional Fee Required			
, , , , , , , , , , , , , , , , , , , ,	6. Name	and Address of Current	Register	ed Agent			7. 1	Name and Address of New Registered Agent		
				*			Name			
CLIFFORD	, GUY	<del></del>				Ctroot Addre		Box Number is Not Acceptable)		
1213 SW	21ST STRI	ET		Street Address (			555 (F.O. E	Box Number is Not Acceptable)		
FT. LAUDI	ERDALE FL	33315								
?						City	FL Zip Code			
the obligat	ions of regis	y submits this statement f tered agent.				ed office or reg		gent, or both, in the State of Florida. I am familiar with, and accept		
F After	LE NOW! May 1, 20	II FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department o						9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees		
10.		OFFICERS AND	DIRECTO	ORS	11.		ΑC	ODITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		), Guy 21st Street Erdale Fl 33315		☐ Delete		·		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete				☐ Change ☐ Addition		
TITLE NAME' STREET ADDRESS CITY-ST-ZIP	-		· • •	Delete	STRE	E ET ADDRESS - ST- ZIP		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete			·	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete				☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		□ Delete	•			☐ Change ☐ Addition		
indicated of the cor	on this repo poration or t	rt or supplemental report i	is true and lowered to	accurate and that nexecute this report	ny signa as requi	ture shall have	the same	n 119.07(3)(i), Florida Statutes. I further certify that the information e legal effect as if made under oath; that I am an officer or director rida Statutes; and that my name appears in Block 10 or Block 11 if		