

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90105 008 ***150.00

DOCUMENT # P95000093091

1. Entity Name
CJS MARINE MANAGEMENT CORP.

Principal Place of Business 429 SEABREEZE BLVD 226 FT. LAUDERDALE FL 33316	Mailing Address 429 SEABREEZE BLVD 226 FT. LAUDERDALE FL 33316
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0627712	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TOMASELLI, JOHN
 1500 CORDOVA ROAD, SUITE 202
 FT. LAUDERDALE FL 33316**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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.

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
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 D	<input checked="" type="checkbox"/> Delete TOMASELLI, JOHN 1500 CORDOVA ROAD, SUITE 202 FT. LAUDERDALE FL 33316	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	PTD	NAME	
STREET ADDRESS	STEBBINS, JAMES F	STREET ADDRESS	
CITY-ST-ZIP	1792 ROUTE 106 MUTTONTOWN NY 11791	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD	NAME	
STREET ADDRESS	BRENNAN, LAWRENCE B	STREET ADDRESS	
CITY-ST-ZIP	176 CHRISTOL STREET METUCHEN NJ 08840	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD	NAME	
STREET ADDRESS	STEBBINS, CYNTHIA	STREET ADDRESS	
CITY-ST-ZIP	1792 ROUTE 106 MUTTONTOWN NY 11791	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AVTS	NAME	
STREET ADDRESS	BERNADETTE, SHEEHAN	STREET ADDRESS	
CITY-ST-ZIP	58 GREENLAWN AVENUE SEAFLEFF NY 11579	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AS	NAME	
STREET ADDRESS	OLDAKOWSKI, TRACY L	STREET ADDRESS	
CITY-ST-ZIP	712 SW 14TH STREET FT LAUDERDALE FL	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 607, 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: Tracy L Oldakowski 3/23/01 (954) 523-0030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E034 (10/00)