

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

FILED
Jun 19, 2002 8:00 am
Secretary of State

DOCUMENT # P95000093091

1. Entity Name

CJS marine Management Corp

06-19-2002 90931 001 *****8.75
06-19-2002 90931 002 ***550.00

DO NOT WRITE IN THIS SPACE

94314

2. Principal Place of Business

1500 Cordova Rd

Suite, Apt. #, etc.
202

3. Mailing Address

1500 Cordova Road

Suite, Apt. #, etc.
Suite 202

DO NOT WRITE IN THIS SPACE

City & State
Ft. Lauderdale, FL

City & State
Fort Lauderdale FL

4. FEI Number

65-0627712

Applied For

Not Applicable

Zip
33316

Country
USA

Zip
33316

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name
Tomaselli, John

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

1500 Cordova Road

Suite 202

City
Ft. Lauderdale FL

Zip Code
33316

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

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-ST-ZIP
PTD
James F. Stebbins
1792 Route 106
Muttontown, NY 11791

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
Cynthia Stebbins
1792 Route 106
Muttontown, NY 11791

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
Lawrence Brennan
176 Christal Street
Metuchen, NJ 08840

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AV
Tracy L. Oldakowski
1141 NE 17th Ave #11
Ft. Lauderdale, FL 33304

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ATS
Bernadette Sheehan
58 Greenlawn Ave
Sea Cliff, NY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/3/02

Date

516-921-5228

Daytime Phone #

CR2E034B (12/01)