

**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

2. Principal Place of Business

1500 Cordova Rd

Suite, Apt. #, etc.

202

3. Mailing Address

1500 Cordova Road

Suite, Apt. #, etc.

Suite 202

City & State

Ft. Lauderdale, FL

City & State

Fort Lauderdale FL

Zip

33316

Country

USA

Zip

33316

Country

4. FEI Number

65-0627712

Applied For

Not Applicable

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	PTD
NAME	James F. Stebbins
STREET ADDRESS	1792 Route 106
CITY-ST-ZIP	Muttontown, NY 11791
TITLE	VD
NAME	Cynthia Stebbins
STREET ADDRESS	1792 Route 106
CITY-ST-ZIP	Muttontown, NY 11791
TITLE	SD
NAME	Lawrence Brennan
STREET ADDRESS	176 Christol Street
CITY-ST-ZIP	Metuchen, NJ 08840
TITLE	AV
NAME	Tracy L. Oldakowski
STREET ADDRESS	1141 NE 17th Ave - #11
CITY-ST-ZIP	Ft. Lauderdale, FL 33304
TITLE	ATS
NAME	Bernadette Sheehan
STREET ADDRESS	58 Greenlawn Ave
CITY-ST-ZIP	Seacliff, NY
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Tracy L. Oldakowski

6/3/02

516-921-

5228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)