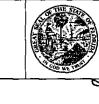
## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

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## P99000110648

1. Entity Name

MARINE ENGINEERING SYSTEMS COMPANY



APPHOYEL

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SECRETARY OF STATE

5030 OLD KII	incipal Place of Business 030 OLD KINGS RD. NW ACKSONVILLE FL 32284-1184		Mailing Address 5030 OLD KINGS RD. NW JACKSONVILLE FL 32284-1184			TALLAHASSEE. PLUMBA						
Principal Place of Business     3. Mailing Address							)( <b>3 :0</b> (( <b>0 :0)</b> (( <b>03</b> (()	<b>. 60</b> 161 <b>70</b> 101 1601			JI (1811   1811   1811	
Suite, Apt. #, etc. Suite, Apt. #, etc.						CHECK HERE IF MAKING CHANGES						
City & State	ate City & State				4.	FEI Number	54-124161	10			plied For t Applicable	
Zip	Country	Zip Counti			try	5.	Certificate of	Status Desired		\$8.75 Fee Re		
Name and Address of Current Registered Agent					7.	Name and A	ddress of New	Registered	Agent			
				Name								
HUX, WILLIAM F 5030 OLD KINGS RD. NW					Street Address (P.O. Box Number is Not Acceptable)							
JACKSON	IVILLE FL 32284-1184											
					City				FL	Zip	Code	·
8. The above	named entity submits this statement ions of register#d agent,	for the purp	oose of changing its	registere	d office or	registered ag	gent, or both,	in the State of F	Florida. I am	familiar	with, a	and accept
SIGNATURE -	Signature, typed or printed name of registered age	And title if app	plicable. (NOTE	: Registered	J Agent signatur	re required when r	reinstating)	APr	ZL ZZ	7, 3	200	23
After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department						1	ion Campaign F Fund Contribut	٠,			May Be to Fees
10.	OFFICERS AN	D DIRECTO	ORS	11.		Αl	DDITIONS/CH	HANGES TO OF	FFICERS AN	D DIREC	TORS	IN 11
TITLE	PS		☐ Delete	TITLE						Ch	~	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	HUX, AGRIFINA H 14410 POND PLACE DRIVE JACKSONVILLE FL 32223				ET ADDRESS ST-ZIP		3 <b>/1</b> / 05/06/0	0 <b>018</b> 3 0301096	3036 ;001	##30 ##30	0.0	0
TITLE	V		☐ Delete	TITLE	J					☐ Ch	ange	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	ESTES, ROBERT E 5259 PERCHERON COURT JACKSONVILLE FL 32257				ET ADDRESS ST-ZIP							
TITLE	V		☐ Delete	TITLE						☐ Ch	ange	Addition
NAME Street address	HUX, WILL F 14410 POND PLACE DRIVE			NAME	T ADDRESS							}
CITY-ST-ZIP	KACKSONVILLE FL 32223				ST-ZIP				. •			
TITLE			☐ Delete	TITLE	I		••			☐ Cha	ange	☐ Addition
NAME STREET ADDRESS				. NAME STREE	T ADDRESS							}
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STREET ADDRESS CITY-ST-ZIP	•				ST-ZIP		•					}
TITLE			☐ Delete	TITLE	$\neg \neg \uparrow$			<del></del>	·	[] Cha	ange	Addition
NAME				NAME								ļ
STREET ADDRESS CITY-ST-ZIP					T ADDRESS ST-ZIP							
	ertify that the information supplied wi	th this filing	does not qualify for			nd in Section	110.07(2)(i)	Elorida Statutor	l further on	rtifu that	thois	formation

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #