

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000002618

**Entity Name:** FELL MARINE INC.**Current Principal Place of Business:**280 NE 2ND AVENUE  
DELRAY BEACH, FL 33444**Current Mailing Address:**280 NE 2ND AVENUE  
DELRAY BEACH, FL 33444 US**FEI Number:** 35-2552495**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BAKER, MARK S  
4901 NW 17TH WAY  
SUITE 402  
FORT LAUDERDALE, FL 33309-3778 US*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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	DIRECTOR, CHAIR
Name	NILSEN, LARS
Address	C/O FELL MARINE INC 280 NE 2ND AVENUE
City-State-Zip:	DELRAY BEACH FL 33444

Title	PRESIDENT/SECRETARY/TREASURE R/DIRECTOR
Name	ROINE, CHRISTIAN FROST
Address	C/O FELL MARINE INC 280 NE 2ND AVENUE
City-State-Zip:	DELRAY BEACH FL 33444

Title	VP
Name	ERIKSEN, FREDRIK
Address	C/O FELL MARINE INC 280 NE 2ND AVENUE
City-State-Zip:	DELRAY BEACH FL 33444

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LARS NILSEN

DIRECTOR

02/02/2021

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date