

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 509313

1. Corporation Name
UNITED MARINE, INC.

Principal Place of Business

**490 N.W. S. RIVER DRIVE
MIAMI FL 33128
US**

Mailing Address

**490 NW SOUTH RIVER DR
MIAMI FL 33128
US**

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90022 006 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/12/1976

4. FEI Number

59-1686369

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**BAILEY, JOHN R
9700 SO. DIXIE HWY., SUITE 570
MIAMI FL 33156**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
BAILEY, GUY B.
STREET ADDRESS
490 N.W. S. RIVER DRIVE
CITY-ST-ZIP
MIAMI FL

TITLE ☐ DELETE

NAME
P
STREET ADDRESS
SCARBOROUGH, GARY E
CITY-ST-ZIP
490 N.W. S. RIVER DRIVE
MIAMI FL

TITLE ☐ DELETE

NAME
BAILEY, JOHN R.
STREET ADDRESS
9700 S DIXIE HWY, STE 570
CITY-ST-ZIP
MIAMI FL 33156

TITLE ☐ DELETE

NAME
D
STREET ADDRESS
BABCOCK, MARY
CITY-ST-ZIP
9700 S DIXIE HWY, 570
MIAMI FL 33156

TITLE ☐ DELETE

NAME
D
STREET ADDRESS
BAILEY, PATRICIA E
CITY-ST-ZIP
9700 S DIXIE HWY, 570
MIAMI FL 33156

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13, 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

GARY E SCARBOROUGH 4-17-99 305-545-8445
PRESIDENT Date Daytime Phone #

CR2E034 (1/1/98)