FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 02, 2001 8:00 am **DOCUMENT # 509313** Secretary of State UNITED MARINE, INC. 04-02-2001 90286 038 ***150.00 Principal Place of Business Mailing Address 490 NW SOUTH RIVER DR 490 N.W. S. RIVER DRIVE 639913 MIAMI FL 33128 MIAMI EL 33128 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-1686369 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BAILEY, JOHN B 9700 SO. DIXTE HWY., SUITE 570 MIAMLPE 33156 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 10. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS DTC David W. Colom A Change CR2E034 (10/00) TITLE TITLE Delete BAILEY, GUY B. NAME NAME 9700 J. DWIE #4 #5 490 N.W. S. RIVER DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI FL TITLE Delete TITLE SCARBOROUGH, GARY E NAME NAME 490 N.W. S. RIVER DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP MIAMI FL TITLE Delete TITLE BAILEY, JOHN R .--NAME MAME STREET ADDRESS 9700 S DIXIE HWY, STE 570 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33156 CITY-ST-ZIP Delete TITLE TITLE ☐ Addition NAME BABCOCK, MARY NAME 9700 S DIXIE HWY, 570 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33156 TITLE Delete Change Addition TITLE BAILEY, PATRICIA E NAME NAME STREET ADDRESS 9700 S DIXIE HWY, 570 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33156 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 Block 12 if

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR