

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90357 022 ***150.00

DOCUMENT # 509313

1. Entity Name

UNITED MARINE, INC.



Principal Place of Business
490 N.W. S. RIVER DRIVE
MIAMI FL 33128
US

Mailing Address
490 N.W. S. RIVER DRIVE
MIAMI FL 33128
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1686369

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COLONNA, DAVID W
9700 SOUTH DIXIE HIGHWAY #570
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name

COFFEY, Susan

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

490 NW South River Dr

City

MIAMI

FL

33128

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PT
NAME COLONNA, DAVID W
STREET ADDRESS 490 N.W. S. RIVER DRIVE
CITY-ST-ZIP MIAMI FL 33128 ☒ Delete

TITLE SD
NAME MACY, PATRICIA
STREET ADDRESS 490 N.W. S. RIVER DRIVE
CITY-ST-ZIP MIAMI FL 33128 ☐ Delete

TITLE AS
NAME OBREGON, ODALYS
STREET ADDRESS 490 N.W. S. RIVER DRIVE
CITY-ST-ZIP MIAMI FL 33128 ☐ Delete

TITLE CD
NAME COFFEY, SUSAN
STREET ADDRESS 490 N.W. S. RIVER DRIVE
CITY-ST-ZIP MIAMI FL 33128 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PTDC
NAME Coffey, Susan
STREET ADDRESS 490 NW South River Dr
CITY-ST-ZIP MIAMI, FL 33128 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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: *Susan B Coffey*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-04

Date

Daytime Phone #