FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 91212 018 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 593222

1. Entity Name
PORTSIDE MARINA, INC.

11005158

Principal Place of Business	Mailing Address
1875 SE 17TH STREET FT LAUDERDALE, FL 33316 US	1875 SE 17TH STREET FT LAUDERDALE, FL 33316 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	PO BOX 460430
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Fort Laud FL
Zip / Country	Zip: 33346-0430 Country: USA

4. FEI Number: 59-1866556 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GARDINA, CAROL J
1000 E. BROWARD BLVD
FT. LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent
Name: Kristine A. Ellefsen
Street Address (P.O. Box Number is Not Acceptable): 1808 SE 7 street
City: Fort Lauderdale FL Zip Code: 33316

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: Kristine A. Ellefsen Kristine A. Ellefsen 4-17-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSD ANDERSON, JOHN H 1875 SE 17TH STREET FORT LAUDERDALE, FL 33316 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1808 SE 7 Street Fort Lauderdale FL 33316
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: John H. Anderson John H. Anderson 4-17-03 954-524-5336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #