2000 UNIFORM BUSINESS REPORT (UBR)

4f.

FILED
Jun 21, 2000 8:00 am
Secretary of State
04-21-2000 90102 022 ***150.00

DOCUMENT # 642115

1. Entity Name

MARINE WORLD, INC.

R

Principal Place of Business	Mailing Address
5 TOMOKA PLACE SUMMERFIELD FL 32691	5 TOMOKA PLACE SUMMERFIELD FL 34473-2456

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5979 SE 39th AVE	5979 S.E 39th AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OCALA FL	City & State: OCALA FL
Zip: 34480 Country: MARION	Zip: 34480 Country: MARION

4. FEI Number 59-2915338 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WALSH, GAIL M 5 TOMOKA PLACE SUMMERFIELD FL 32691	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WALSH, RAYMOND J 5 TOMOKA PLACE SUMMERFIELD FL	☑ Delete	P WALSH RAYMOND J< 5979 SE 39th Ave OCALA FL 34480	☒ Change ☐ Addition ADDRESS ONLY
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST WALSH, GAIL M. 5 TOMOKA PLACE SUMMERFIELD FL	☐ Delete	ST WALSH ~~GAIL~~ M 5979 SE 39th Ave OCALA FL 34480	☒ Change ☐ Addition ADDRESS ONLY
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2EO14 (1/00)

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: Raymond J Walsh Pres Gail Walsh Sec. 4/14/00 352-804 0391
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #