

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90283 043 ***150.00

DOCUMENT # 669493

1. Entity Name
BEEBE MARINE CORP.



Principal Place of Business
**2880 S.W. 58TH AVENUE
MIAMI FL 33155**

Mailing Address
**LIME TREE BAY. APT. 49
P.O. BOX 31079. GEORGETOWN
GRAND CAYMAN. B.W.I.**



2. Principal Place of Business

3. Mailing Address

PO Box 31079 S.M.B

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT 49 LIME TREE BAY

City & State

City & State

Georgetown Grand

Zip

Country

Zip

Country

Cayman

BWI

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2017009**

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

**BEEBE, PETER
2880 S.W. 58TH AVENUE
MIAMI FL 33155**

*CHANGE
Feb
7-26-2003*

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. 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, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BEEBE, MICHAEL	
STREET ADDRESS	LIME TREE BAY #17	
CITY-ST-ZIP	BRAD CAYMAN, BWI	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	BEEBE, PETER D	
STREET ADDRESS	2880 S.W. 58 AVENUE	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEEBE, MICHAEL	
STREET ADDRESS	LIME TREE BAY #17	
CITY-ST-ZIP	GEORGETOWN, GRAND CAYMAN BWI	
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEEBE, PETER D	
STREET ADDRESS	12355 S.W. 94TH LANE	
CITY-ST-ZIP	MIAMI, FLORIDA 33186	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Michael D Beebe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-2003

Date

1-395-9168470

Daytime Phone #

CR2E034 (10/02)

ATTACHMENT

10023007

MARINE SERVICES

MIKE BEEBE, BEEBE MARINE CORP.

MAILING ADD: P.O.BOX 31079 S.M.B, SHIPING ADD 72 LIME TREE BAY
GEORGETOWN, GRAND CAYMAN, B.W.I.

CELLULAR: (345) 916-0470 HOME: (345) 949-1816 FAX: (345) 946-8704

E-MAIL: Caybeebe@hotmail.com

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