2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

688832 **DOCUMENT #**



1. Entity Name CLAUS MARINE REPA	R SERVICE, INC) .	STATE OF THE PROPERTY OF THE P			02-10-2003	90181 034	4 ***158	3.75
Principal Place of Business 1020 NE 43 COURT OAKLAND PK FL 33334		Mailing Address 1020 NE 43 COURT OAKLAND PK FL 33334	, 						
2. Principal Place of Business	10.5	3. Mailing Address	IBER	LANE		18181 18181 18188 1811 8			
14916 GRUBER Suite, Apt. #, etc.	LANC	14916 9 Ru Suite, Apt. #, etc.	, ocic	-ANL	<u>r</u>	, CHECK HERE IF	MAKING C	HANGES	
City & State	FL	City & State	F	<u>. </u>	4. FEI Number	9-2157478			plied For t Applicable
	untry BEACH	Zip 33470	1	BEACH	5. Certificate of S		Fe	8.75 Add se Require	
6. Name and	Address of Current Re				7. Name and Add	iress of New Re	gistered Ag	ent	
			-	Name	AUS VON	GROTE -			
VON GROTE, CLAUS				Street Address	s (P.O. Box Number is	Not Acceptable)			
8225 PIONEER RD				1491	16 GRUBI	ER LAN	E-		
WEST PALM BEACH FL 3:	3411						_		
;			-	City / axa	HATCHSE		FL	Zip Cod	470
8. The above named entire sub-	mits this statement for t	the nurrouse of changing its	registered	office or registr	tered agent, or both, in	the State of Flori			
the obligations of registered			regiotoroc	omeo or region	toroe again, ar sem i		. , ,		•
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<i>10.</i> 3.	MAKE	- CLAUS VAN	$I \cup I \cap I$	OF TRES	シンドル ア		- <i>/ - /</i> `		
SIGNATURE Signature, typed or print	ed name of registered agent and	d title if applicable. (NOT)			SIDENT ired when reinstating)		DATE	1/9-	
Signature, typed or print	ed name of registered agent and				ired when reinstating)	a manager of the field	DATE	- , ,,,	:
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as in hade those body, that if an artifaction 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: 🚄

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR