2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 691495

1. Entity Name

COMMERCIAL MARINE ELECTRONICS, INC.



FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90135 012 ***150.00

					100			
Principal Place of Business 2830 NE 7TH AVE POMPANO BCH FL 33064			Mailing Address 2830 NE 7TH AVE POMPANO BCH FL 33064					
2. Principal I	Place of Busin	ness	3. Mailing Address					
Suite, Apt	. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & State			City & State			4. FEI Number 59-2096481 Applied For Not Applicable		
Zip Country		Zip	Zip Country		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 A		
	· - -	ي بال منجم منسست	= 4: 1#4		Name = -			
	JONN CARL 26TH AVEN			Street Address		(P.O. Box Number is Not Acceptable)		
	D BEACH F					, 100		
				City		FL	Zip Cod	Į.
the obligat	tions of regist	or printed name of registered agent a			ed office or registers	ed agent, or both, in the State of Florida. I am fa	miliar with,	and accept
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.		00 May Be d to Fees
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTOR'	S IN 11
TITLE	DP		□ De			₹ P	Change	
NAME	PITMAN, J 1305 SW 2	OHN CARL 26TH AVENUE) BEACH FL 33442	LLI De	NAME STREE			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		OHN CARL 16TH AVENUE 10 BEACH FL 33442	□ De	NAME STREE			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$ s.c.		□ De	NAME			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Del	NAME STREE	l	(Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ De!	NAME STREE	T ADDRESS ST-ZIP	[Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Del	NAME STREE CITY-:	T ADDRESS ST-ZIP		Change	Addition
12. Thereby c	ertify that the	information supplied with	this filing does not q	ualify for the exem	option stated in Sec	ction 119.07(3)(i), Florida Statutes. I further certify	that the in	iformation

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 life empowered.

SIGNATURE: 5