

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

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90725 040 ***150.00

DOCUMENT # F00000004847

1. Entity Name

CIVIL AND MARINE INC.

DO NOT WRITE IN THIS SPACE

B0054412

2. Principal Place of Business **c/o Andrew J. Markus & Reed LLP**
201 S. Biscayne Blvd. Suite 2500
City & State **Miami, FL 33131**

3. Mailing Address **Andrew J. Markus Hughes Hubbard & Reed LLP**
201 S. Biscayne Blvd. Ste 2500
City & State **Miami, FL**

DO NOT WRITE IN THIS SPACE

4. FEI Number **651065439**
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
Zip **USA** Zip **33131** Country **USA**

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7. Name and Address of Current Registered Agent

Name **Corporation Service Company**

Street Address (P.O. Box Number is Not Acceptable)

120 Hays Street

City **Tallahassee** FL Zip Code **32301**

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)

January 1 - May 1: Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President A. Eric Moore Coudace HSE, Gostone Rd. Caterham Surrey CR3 6XQ UK	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director George Hamelin 45 Mcleod Drive, Suite 3 Merritt Island, FL 32953	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *A. E. Moore* **A. E. Moore** 3/11/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #