FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2004 8:00 am
Secretary of State
03-29-2004 90083 026 ***150.00

DOCUMENT # F01000002289

1. Entity Name

MARINE CROSS COUNTRY, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
PO BOX 26778
Suite, Apt. #, etc
City & State
GREENVILLE SC
Zip 29616 Country USA

3. Mailing Address
SAME
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0994024
☐ Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: REGISTERED AGENTS LEGAL SVC, INC
Street Address (P.O. Box Number is Not Acceptable): 914 4TH STREET, 2ND FL
City: MIAMI BEACH FL Zip Code: 33139

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

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

TITLE	PT
NAME	HARVEY, EDDIE
STREET ADDRESS	49 ORCHARD PARK APTS #33
CITY-ST-ZIP	GREENVILLE, SC
TITLE	V
NAME	STEWART, JAMES E
STREET ADDRESS	707 CHEROKEE LANE
CITY-ST-ZIP	COLUMBIA, SC
TITLE	V
NAME	QUINN, MICHAEL
STREET ADDRESS	49 ORCHARD PARK DR.
CITY-ST-ZIP	GREENVILLE, SC
TITLE	S
NAME	BENDOW, DAVID W.
STREET ADDRESS	165 S. UNION BLVD STE 250
CITY-ST-ZIP	LAKEWOOD CO.
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Eddie Harvey 3/15/04 864-281-0041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number