

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90234 005 ***150.00

CR20034 (10/02)

DOCUMENT # F01000006502

1. Entity Name
BLACK N' BLUE MARINE INC



Principal Place of Business
2449 N.E. 11TH STREET
SUITE 9
FORT LAUDERDALE FL 33304

Mailing Address
2449 N.E. 11TH STREET
SUITE 9
FORT LAUDERDALE FL 33304

2. Principal Place of Business
1535 SE 17th
Suite, Apt. #, etc.
121

3. Mailing Address
1535 SE 17th
Suite, Apt. #, etc.
121

City & State
FT. LAUDERDALE, FL
Zip
33316
Country

City & State
FT. LAUDERDALE, FL
Zip
33316
Country

4. FEI Number **03-0381050**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HAWKER, ROBERT
7570 MANASOTA KEY ROAD
ENGLEWOOD FL 34223

7. Name and Address of New Registered Agent

Name **ROBERT HAWKER (SAME)**
Street Address (P.O. Box Number is Not Acceptable)
1535 SE 17th, Suite 121 (SAME)
City **FT. LAUDERDALE** **FL** **Zip Code** **33316**

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 **ROBERT HAWKER**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/29/03
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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **PCD** ☐ **Delete**
NAME **HAWKER, ROBERT**
STREET ADDRESS **7570 MANASOTA KEY ROAD**
CITY-ST-ZIP **ENGLEWOOD FL**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ **Change** ☐ **Addition**
NAME
STREET ADDRESS **1535 SE 17th, Suite 121**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33316**

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **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: **ROBERT HAWKER**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03 **(954) 767-2000**
Date **Daytime Phone #**