

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90046 034 ***150.00

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DOCUMENT # F90920

1. Entity Name
CHINNOCK MARINE, INC.

Principal Place of Business: **518 W LAS OLAS BLVD FT LAUDERDALE FL 33312**
 Mailing Address: **518 W LAS OLAS BLVD FT LAUDERDALE FL 33312**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **817 SE 5 Court**
 Suite, Apt. #, etc.

3. Mailing Address: **817 SE 5 Court**
 Suite, Apt. #, etc.

City & State: **Fort Lauderdale, FL**

4. FEI Number: **59-2204631**
 Applied For
 Not Applicable

Zip: **33301** Country: **USA**

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

6. Name and Address of Current Registered Agent

CHINNOCK, PHILLIP E
518 W LAS OLAS BLVD
FORT LAUDERDALE FL 33312

7. Name and Address of New Registered Agent

Name: **Sean Moore**
 Street Address (P.O. Box Number is Not Acceptable): **2900 E Balland Park Blvd**
3rd Floor
 City: **Fort Lauderdale** FL Zip Code: **33306**

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: *Sean Moore* **Sean Moore**
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.

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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	PD CHINNOCK, PHILLIP 518 W LAS OLAS BLVD. FT LAUDERDALE FL 33312	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	817 SE 5 Court Fort Lauderdale, FL 33301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with ~~ownership~~, without other like empowered.

SIGNATURE: *Phillip E. Chinnock* **PHILLIP E. CHINNOCK** **REQ** **11/14/02** **954-467-7488**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CF2F034 (9/01)