

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000004330

1. Entity Name

TRANSMARINE NAVIGATION CORPORATION

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90080 047 \*\*\*150.00

Principal Place of Business 824 US HWY 1 SUITE 345 N PALM BEACH FL 33408 US	Mailing Address 824 US HWY 1 SUITE 345 N PALM BEACH FL 33408-3838 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 412 E. Madison Street Suite, Apt. #, etc. Suite 917 City & State Tampa FL	3. Mailing Address 412 E. Madison Street Suite, Apt. #, etc. Suite 917 City & State Tampa, FL 33602
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4. FEI Number 98-0055482	Applied For <input type="checkbox"/> Not Applicable
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Zip 33602	Country USA	Zip 33602	Country USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GRAY, ROBERT 824 US HWY 1 SUITE 345 N PALM BEACH FL 33408	7. Name and Address of New Registered Agent Name Robert A. Gray Street Address (P.O. Box Number is Not Acceptable) 412 E. Madison Street Suite 917 City Tampa FL Zip Code 33602
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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 ROBERT A. GRAY Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WHITTINGTON, PETER M. CAPT. 6592 TROTTER DRIVE HUNTINGTON BCH CA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CRESS, MICHAEL M 6582 DOHRN CIRCLE HUNTINGTON BEACH CA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NGUYEN, PHU 8049 E TIMBERLAND AVE ORANGE CA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COADY, ART 301 EAST OCEAN BLVD., SUITE 570 LONG BEACH CA 90802 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	02/07/00 (562) 432 6941	Date	Daytime Phone #
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