

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90145 006 ***150.00

DOCUMENT # G08052

1. Entity Name

RIVERFRONT MARINA, INC.



Principal Place of Business

420 S.W. 3 AVENUE
FT LAUDERDALE FL 33315
US

Mailing Address

420 S.W. 3 AVENUE
FT LAUDERDALE FL 33315
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2271885

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

7. Name and Address of New Registered Agent

HEYWORTH, LAWRENCE E
420 SW 3 AVE.
FORT LAUDERDALE FL 33315

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Delete
NAME	HEYWORTH, LAWRENCE	
STREET ADDRESS	1114 SE 9 STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	PT	<input checked="" type="checkbox"/> Delete
NAME	JACKSON, CONSTANCE	
STREET ADDRESS	420 SE 17TH AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	President	<input type="checkbox"/> Delete
NAME	David S. Jackson	
STREET ADDRESS	1114 SE 9 ST.	
CITY-ST-ZIP	Ft. Lauderdale, FL.	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	Jan L. Heyworth	
STREET ADDRESS	1114 SE 9 ST	
CITY-ST-ZIP	Ft. Lauderdale, FL.	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	Jan L. Heyworth	
STREET ADDRESS	1114 SE 9 ST.	
CITY-ST-ZIP	Ft. Lauderdale, FL.	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

3/3/03

954-527-18

Date

Daytime Phone #

CR2E034 (10/02)