2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# G16779

Entity Name: IMMACULATE BOAT CARE, INC.

FILED Apr 13, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

233 N E 212TH TERRACE 7284 NW 19TH CT.

N MIAMI BEACH, FL 33179 US PEMBROKE PINES, FL 33024 US

Current Mailing Address: New Mailing Address:

233 N E 212TH TERRACE 7284 NW 19TH CT

N MIAMI BEACH, FL 33179 US PEMBROKE PINES, FL 33024 US

FEI Number: 59-2255631 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCHREIER, WARREN P
233 N E 212TH TERRACE
SCHREIER, WARREN P
7284 NW 19TH CT.

N MIAMI BEACH, FL 33179 US PEMBROKE PINES, FL 33024 US

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: 04/13/2002

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 SCHREIER, WARREN P
 Name:
 SCHREIER, WARREN P

 Address:
 233 N E 212TH TERRACE
 Address:
 7284 NW 19TH CT.

City-St-Zip: N MIAMI BEACH, FL City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: ST () Delete Title: ST (X) Change () Addition

 Name:
 SCHREIER, SUZANNE
 Name:
 SCHREIER, SUZANNE

 Address:
 233 NE 212TH TERRACE
 Address:
 7284 NW 19TH CT.

City-St-Zip: N MIAMI BEACH, FL City-St-Zip: PEMBROKE PINES, FL 33024

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WARREN P. SCHREIER PRES 04/13/2002