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FILED
Jul 01, 2002 8:00 am
Secretary of State

04-16-2002 90139 044 ***150.00

37059 [redacted]

DO NOT WRITE IN THIS SPACE

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G32911

1. Entity Name

LANCASTER MARINE ENTERPRISES INCORPORATED

Principal Place of Business	Mailing Address
4627 LIMIT DRIVE NEW PORT RICHEY FL 34652 US	P.O. BOX 271304 TAMPA FL 33688 US

2. Principal Place of Business	3. Mailing Address
4565 PLAZA WAY	P.O. BOX 66480
Suite, Apt. #, etc. ST. PETE BEACH	Suite, Apt. #, etc. ST PETE BEACH
City & State FLORIDA	City & State FLORIDA
Zip 33706 / Country USA	Zip 33736-6480 / Country USA

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LANCASTER, BRIAN MR. 4627 LIMIT DRIVE NEW PORT RICHEY FL 34652	Name LANCASTER, BRIAN MR Street Address (P.O. Box Number is Not Acceptable) 4565 PLAZA WAY ST PETE BEACH City FLORIDA Zip Code 33706

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 [signature] 04/05/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LANCASTER, BRIAN MR ~~4627 LIMIT DRIVE~~ ~~NEW PORT RICHEY FL 34652~~ ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LANCASTER, BRIAN MR 4565 PLAZA WAY ST. PETE BEACH, FL 33706 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

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] PRESIDENT APRIL 8TH 2002 7273606396

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

B. LANCASTER