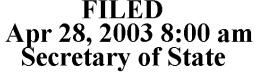
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBI H38466 **DOCUMENT #** 1. Entity Name

MARATHON BOAT RENTALS, INCORPORATED



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R)	Apr 28, 2003 8:00
	Secretary of Sta
	04-28-2003 90327 012 ***150.

				A TO							
Principal Place of Business % TINA MARIE BROWN 2396 OVERSEAS HWY. MARATHON FL 33050		Mailing Address POST OFFICE BOX 501805 2396 OVERSEAS HWY. MARATHON FL 33050 US									
2. Principal Place of Business		3. Mailing Address PU.BOX 501805									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State		City & State MAKATHON, FL.			4 . F	El Number 59-2659780			pplied For ot Applicable		
Zip	Country	330 50 U			5 . C	Certificate of Status Desired		75 Ad Require			
	6. Name and Address of Current					lame and Address of New Reg	istered Agen	ıt			
=	TINA MARIE RSEAS HWY.	The second secon	` [†]	Street Address	(P.O. Bo	ox Number is Not Acceptable)	<u>-</u>				
MARATHO	N FL 33050		Γ								
				City		<u>. </u>	FL	Zip Cod	le		
	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent.	Tir	va m	d office or registe 1. TS ROU Agent signature require	<u>Jn</u>	·	la. I am famil	ar with,	and accept	: 5 ,	
After Make Check	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	<u>·</u>		*		Election Campaign Finan Trust Fund Contribution.		Adde	00 May Be		
10.	OFFICERS AND		11.		ADI	DITIONS/CHANGES TO OFFICE				ন	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Brown, Tina Marie 2396 Overseas Highway Marathon Fl	☐ Delete	NAME STREET CITY-S	T ADDRESS				Change	☐ Addition	CR2E034 (10/02)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP				Change	☐ Addition	CR2	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP				Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP				Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP			\	Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP				Change	Addition		

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 ETAING MARIE OF DIRECTOR DIRECTOR SIGNATURE