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

## H64881 **DOCUMENT #**

1. Entity Name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAPTAIN'S CHOICE MARINE, INC.



## **FILED** Feb 20, 2003 8:00 am Secretary of State 02-20-2003 90110 028 \*\*\*150.00

TITLE NAME JOHNSON, TIM R. Delete JOHNSON, TIM R. STREET ADDRESS S					WE TENS				
Suite, Apr. #, mic.   Suite, Apr. #, alic   City & State   State Desired	C/O TIM R. JOHNSON 1323 SE 17TH ST. STE 502		C/O TIM R. JOHNSON 1323 SE 17TH ST. STE 502			 	NIÂN ANDA BIDAN A	1811 BIBIN 918	41 <b>0</b> 7417 8400 2800
City & State  City & State  City & State  City & State  Country  Country  Country  Solution of State State State State State Diseased Fee Required  Fee Requ	2. Principal	Place of Business	3. Mailing Address	<u> </u>					
City & State  City & State  City & State  Country  Country  Country  Country  Country  Country  Country  S. Certificate of Status Desired  S. State Additional  S. Certificate of Status Desired  S. Certificate o	Suite, Apt. #, etc.		Suite, Apt. #, etc.				IF MAKING	01.4410.5	
Special Country   Zip   Country   S. Certificate of Status Desired   St. Replaced   St. Replac	City & Sta	ate	City & State		<u>_</u>	& EEI Number	<del></del>		
See Regulator	Zip	Country	Zip	Country					
JOHNSON, TIM R. 1323 SE 17TH ST, STE 502 FT LAUDERDALE FL 33318  City FL Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  Ci		fi. Name and Address of Curren	t Domintored &					Fee Requi	
Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)		S. Marie and Address of Current	r registered Agent	Name	<del></del>	7. Name and Address of New R	egistered A	gent	
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 chilippelions of registered agent.  SIGNATURE    Signature, front or person retrie of registered agent and front approach. (NOTE required Agent algorithm Agent	JOHNSO	N, TIM R.							
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 orbigations of registered agent are the flephclatic (NOTE flephatema Agent algorithms macrod when revealers)  FILE NOWTH FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  MANE  SIREST ADDRESS  TITLE LAUDERDALE FL  TITLE  SD  JOHNSON, NINA W.  1223 SE 17TH ST, STE 502  FT. LAUDERDALE FL  TITLE  Delide  Delide  TITLE  Delide  TITLE  Delide  Delid	1323 SE	17TH ST, STE 502		Street A	ddress (P.	O. Box Number is Not Acceptable	)		
B. 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	ft laud	ERDALE FL 33316							
B. 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				City	-	<del></del>	<del></del>	T 7:- 0.	
SIGNATURE    Signature, bytest of prisent arome of registered agent and tits if explicable. (NOTE Registered Agent algebraic reducted when restrictions)   DATE    FILE NOW!!! FEE IS \$150.00	8. The above	e named entity submits this statement t	or the account of the state of	'			FL		
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