

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90734 012 ***150.00

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

DOCUMENT # J14677 1. Entity Name NOA MARINE, INC.					
Principal Place of Business % DANIEL J. AVOURES 13030 GANDY BLVD., N. ST. PETERSBURG, FL 33702			Mailing Address % DANIEL J. AVOURES 13030 GANDY BLVD., N. ST. PETERSBURG, FL 33702		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2686955	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent AVOURES, DANIEL J. 12619 TWIN BRANCH ACRES RD. TAMPA, FL 33626					
7. Name and Address of New Registered Agent 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 _____ DATE _____ Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent's signature required when registering)					
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	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD AVOURES, DANIEL J. 12619 TWIN BRANCH ACRES TAMPA, FL	☐ Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	☐ Change ☐ Addition	CRE034 (1/0/02)
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD AVOURES, KATHERINE I. 12619 TWIN BRANCH ACRES TAMPA, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(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: <u>Katherine I. Avores</u> 4/29/03 (727) 576-9315 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

90119974



☐ CHECK HERE IF MAKING CHANGES