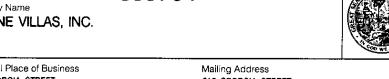
## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #**

J39764



## **FILED** Feb 04, 2003 8:00 am Secretary of State

MARINE VILLAS, INC.					02-04-2003 90100 033 ***150.00		
Principal Place of Business 315 GEORGIA STREET HOLLYWOOD FL 33019 US		Mailing Address 315 GEORGIA STREET HOLLYWOOD FL 33019 US		T I TERRITOR ALLER TURIN LEGIT LEGALE REPRE	1111 1111 1111 1111 1111 1111 1111 1111 1111	<b>410</b> 0 8700 (880	
2. Principal F	Place of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 59-2730691	730601 Applied For		
Zip Country		Zip	Coun	itry	5. Certificate of Status Desired	□ \$8.75 A	
6. Name and Address of Curren		Registered Agent		-	7. Name and Address of New Registered Agent		red
CTDUVE	TERRY			Name	•	•	
STRUYF, TERRY 315 GEORGIA STREET				Street Address	(P.O. Box Number is Not Acceptable)		-
	OD FL 33019						
:				City		FL Zip Co	de
signature . F	ilons of registered agent.  Signature, typed or pysted name of registered agent  ILE NOW!!! FEE IS \$150.00  r May 1, 2003 Fee will be \$550.00	and title if applicable. NOTE	erre	d gent signature required	red agent, or both, in the State of Florio  d when reputativity)  9. Election Campaign Finan  Trust Fund Contribution.	DATE 300	3
	Payable to Florida Department of						ed to Fees
10. TITLE	P OFFICERS AND DIRECTORS		11.		ADDITIONS/CHANGES TO OFFICE		
NAME STREET ADDRESS CITY-ST-ZIP	STRUYF, TERRY L. 315 GEORGIA STREET		NAME STREE	•		[] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STRUYF, DIANE 315 GEORGIA STREET HOLLYWOOD FL 33019					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete T					☐ Change	Addition
TITLE NAME Street address City-St-Zip			8			☐ Change	Addition
TITLE Name Street address City-St-Zip	NA ST			i i		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete ·				☐ Change	Addition

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:

OR DIRECTOR