

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 14, 2003 8:00 am**  
**Secretary of State**

08-14-2003 90068 002 \*\*\*550.00

**DOCUMENT # K38318**

1. Entity Name  
**MARINA MANAGEMENT SERVICES, INC.**



Principal Place of Business  
**11 S.E. 5TH STREET  
BOCA RATON FL 33432  
US**

Mailing Address  
**11 S.E. 5TH STREET  
BOCA RATON FL 33432  
US**

2. Principal Place of Business

**1801 S. FEDERAL HWY**

Suite, Apt. #, etc.

3. Mailing Address

**1801 S. FEDERAL HWY**

Suite, Apt. #, etc.

City & State

**BOCA RATON FL**

City & State

**BOCA RATON FL**

4. FEI Number

**65-0078968**

Applied For

Not Applicable

Zip

**33432**

Country

**P.B.**

Zip

**33432**

Country

**P.B.**

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

**KISSMAN, NANCY  
11 SE 5TH ST.  
BOCA RATON FL 33432**

Name **NANCY KISSMAN**

Street Address (P.O. Box Number is Not Acceptable)

**1801 S. FEDERAL HWY**

City

**BOCA RATON**

FL

Zip Code

**33432**

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 **Nancy Kissman**

**NANCY KISSMAN**

**8/6/03**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CEOS**  
NAME **KISSMAN, NANCY**  
STREET ADDRESS **11 S.E. 5TH STREET**  
CITY-ST-ZIP **BOCA RATON FL 33432**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **DT**  
NAME **KISSMAN, NANCY**  
STREET ADDRESS **11 SE 5TH ST**  
CITY-ST-ZIP **BOCA RATON FL 33432**

☐ Delete

TITLE  
NAME **NANCY KISSMAN**  
STREET ADDRESS **1801 S. FEDERAL HWY**  
CITY-ST-ZIP **BOCA RATON FL 33432**

☒ Change ☐ Addition

TITLE **P**  
NAME **KISSMAN, DENNIS**  
STREET ADDRESS **11 SE 5TH ST**  
CITY-ST-ZIP **BOCA RATON FL 33432**

☐ Delete

TITLE  
NAME **DENNIS KISSMAN**  
STREET ADDRESS **1801 S. FEDERAL HWY**  
CITY-ST-ZIP **BOCA RATON FL 33432**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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☐ Change ☐ Addition

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☐ 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:

**SIGNATURE REQUIRED**

**8/6/03**

**561/338-5800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**NANCY KISSMAN**

Daytime Phone #

CR2E034 (4/03)