## FILED 2000 UNIFORM BUSINESS REPORT (UBR) Sep 07, 2000 8:00 am Secretary of State **DOCUMENT # K49224** 1. Entity Name 09-07-2000 90060 015 \*\*\*158.75 MARINE MAG, INC. Mailing Address Principal Place of Business 208 W. DAVIE BLVD 208 W. DAVIE BLVD FT. LAUDERDALE FL 33315 FT. LAUDERDALE FL 33315 A0075587 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0088749 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GARDNER, RANDEL L Street Address (P.O. Box Number is Not Acceptable) 2807 NE 21 TERR: FT. LAUDERDALE FL 33306 Zip Code City 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Detete TITLE ☐ Change ☐ Addition TITLE GARDNER, RANDEL NAME NAME STREET ADDRESS STREET ADDRESS 2807 NE 21 TERR. CITY-ST-7IP CITY-ST-7IP FT. LAUDERDALE FL 33306 ☐ Change Addition TITLE ☐ Delete TITLE Burke, Tom NAME NAME STREET ADDRESS STREET ADDRESS 601 SW 75 TERR CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33317 Change Addition Delete TITI F TITLE GUNTER, GARY NAME NAME STREET ADDRESS 3724 RIVERLAND RD STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP FT. LAUDERDALE FL 33312 Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF lify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that my signature shall have the same legal effect as if made under oath; that I am an officer or director eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if I hereby certify that the information supplied with this filing does indicated on this report or supplemental report is true and according the corporation or the receiver or trustee employered to seek

SIGNATURE:

CR2E034 (5/00)



To WHOM

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NOTICE, NEVER ROCEIUSD

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208 W. Davie Boulevard Fort Lauderdale, FL 33315 (954) 463-4070 • 1-800-330-6610 (954) 463-8142 Fax e-mail: Shurlink@juno.com

P.O. Box 350426 Ft. Lauderdale, Florida 33335