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

US

3. Mailing Address

City & State

Suite, Apt. #, etc.

K49224 **DOCUMENT #**

Country

1. Entity Name MARINE MAG. INC.

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip



Principal Place of Business 208 W. DAVIE BLVD FT. LAUDERDALE FL 33315

Mailing Address PO BOX 350426 FT LAUDERDALE FL 33335

FILED

Apr 29, 2003 8:00 am Secretary of State

04-29-2003 90060 009 ***158.75

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent GARDNER, RANDEL L 1353 FULMAR DR **DELRAY BCH FL 33344**

7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) City Zip Code

65-0088749

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.

Country

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE,IS \$150.00

SIGNATURE

After May 1, 2003 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing Trust Fund Contribution.

4. FEI Number

5. Certificate of Status Desired

\$5.00 May Be Added to Fees

Applied For

\$8.75 Additional

Fee Required

Not Applicable

Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD **1**□ Delete TITLE TITLE BARDNER, RANDAL 1353 FULMAR DRIVE -& GARDNER, RANDEL NAME NAME STREET ADDRES 2807 NE 21 TERN. STREET ADDRESS DELRAY BUH, FL 33444 FT. LAUDERDALE FL 33306 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE BURKE, TOM NAME NAME 601 SW 75 TERR STREET ADDRESS STREET ADDRESS PLANTATION FL 33317 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition GUNTER, GARY NAME NAME 3724 RIVERLAND RD STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33312 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete ☐ Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF

12. I hereby certify that: the information supplied with this filing does dualify 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 acc 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 changed, or on an attachment with Chapter 607 Plorida Statutes; and that my name ap

SIGNATURE: