2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# K71961

FILED Jan 02, 2003 Secretary of State

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Entity Na	me: HOUSEF	R MARINE INDUSTRIES, INC.				
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
	ITH PATRICK E BEACH, FL					
Current Mailing Address:			New Mailing Address:			
	ITH PATRICK E BEACH, FL					
FEI Number	: 59-2942924	FEI Number Applied For()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	d Address of (Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
904 KING	, DANIEL R ST S POST RD. DGE FL, FL 32					
	e named entity e of Florida.	submits this statement for the p	urpose of changing	its register	ed office or registered agent, or both,	
SIGNATUI	RE:					
	Electro	nic Signature of Registered Age	nt	Date		
Election Ca	mpaign Financin	g Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	D (HOUSER, LYL 5825 SOUTH U ROCKLEDGE,	IS #1	Title: Name: Address: City-St-Zip:		(X) Change()Addition LYLE DDHALL CIRCLE IGE, FL 32955 US	
Title: Name: Address: City-St-Zip:	ST (HOUSER, DAN 904 KINGS PO ROCKLEDGE,	ST ROAD	Title: Name: Address: City-St-Zip:		(X) Change () Addition DANIEL R S POST ROAD IGE, FL 32955 US	
Title: Name: Address: City-St-Zip:	VP (HOUSER, THO 1780 CADILLA MELBOURNE,	C CIR	Title: Name: Address: City-St-Zip:	2459 MAJI	(X) Change () Addition THOMAS G ESTIC AVE INE, FL 32935 US	
Title: Name: Address:	HOUSER, TIM) Delete DTHY L IODES BLVD #120	Title: Name: Address:	D (X) Change () Addition HOUSER, TIMOTHY L 825 DOVE AVE		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: DANIEL R. HOUSER ST 01/02/2003

MELBOURNE, FL 32935

116 ISLAND VIEW DRIVE

DURYEA, RON

() Delete

INDIAN HARBOR BCH, FL 32937

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

ROCKLEDGE, FL 32955 US

() Change () Addition