2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # L0000006999 1. Entity Name CHRIS'S MARINE LLC 2003 OCT -3 AM 8: 02 **WINDON OF CORPORATIONS** Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 801 MAPLEWOOD DRIVE #6 801 MAPLEWOOD DRIVE JUPITER, FL 33458 JUPITER, FL 33458 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 65-1023249 Not Applicable Country Zin Country \$5,00 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 COLE, CHRIS 801 MAPLEWOOD DRIVE #6 Street Address (P.O. Box Number is Not Acceptable) JUPITER, FL 33458 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Recistered Acent signature required when reinstating) DATE FILE NOWID: FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10 CR2E083 (10/02) MGRM 111 LE ☐ Delete TITLE ☐ Change Addition CHRIS. COLE NAME NAME STREET ADDRESS 801 MAPLEWOOD DRIVE #6 STREET ADDRESS JUPITER, FL 33458 CITY-ST-ZIP CITY -ST - ZIP 111 LE Del ete ☐ Change Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CffY-St-2IP CITY-ST- RP 111LE -· Delete - _ Change - Addition TITLE NAME 400023550444 .10/03/03--01083--005 **50 STREET ADDRESS STREET ADDRESS **50.00 CITY ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE Tills NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [7] Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY -ST-ZIP 11118 Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY -ST - ZIP 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE