

5/22

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 04, 2002 8:00 am
Secretary of State

05-22-2002 90216 003 ****50.00

DOCUMENT # L01000006488

1. Entity Name

HEAT MARINE LLC

Principal Place of Business

11 S. PINE CIR.
BELLEAIR FL 33785

Mailing Address

11 S. PINE CIR.
BELLEAIR FL 33785

2. Principal Place of Business

1024 OSOWAW Blvd

Suite, Apt. #, etc.

3. Mailing Address

1024 OSOWAW Blvd

Suite, Apt. #, etc.

City & State

Spring Hill FL

Zip
34607Country
USA

City & State

Spring Hill FL

Zip
34607Country
USA

4. FEI Number

59-3721628

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

HODGES, PAUL S
50 S. BELCHER RD. #115
CLEARWATER FL 33765

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
 NAME *Manager*
 STREET ADDRESS *John T. Pickens*
 CITY-ST-ZIP *1024 OSOWAW Blvd*
Spring Hill FL 34607

TITLE ☐ Delete
 NAME *Asst. Manager*
 STREET ADDRESS *Richard Borgfrede*
 CITY-ST-ZIP *28 Inverness Rd*
Norwood Mass, 02602

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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)(f), 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:

Paul S. Hodges
REQUIRED

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

Date

Daytime Phone #

30A0802 727-461-5824

CR2E083 (9/01)