

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000008391

FILED
Apr 29, 2003
Secretary of State

Entity Name: BONTRAGER MARINE DIVISION, L.L.C.

Current Principal Place of Business:

4599 SPANISH TRAIL, STE A
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

4599 SPANISH TRAIL, STE A
PENSACOLA, FL 32504

New Mailing Address:

FEI Number: 01-0669222

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BONTRAGER, ROGER A
4599 SPANISH TR., STE A
PENSACOLA, FL 32504 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: BONTRAGER, ROGER A MANAGER
Address: 4599 SPANISH TRAIL, STE A
City-St-Zip: PENSACOLA, FL 32504 US

Title: MGRM () Change (X) Addition
Name: BONTRAGER, RENEE M MEMBER
Address: 4599 SPANISH TRAIL, STE A
City-St-Zip: PENSACOLA, FL 32504 US

Title: MGR () Change (X) Addition
Name: NELSON, DONNA M AST MGR
Address: 4599 SPANISH TRAIL, STE A
City-St-Zip: PENSACOLA, FL 32504 US

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 is true and accurate and that my electronic 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: DONNA M NELSON

MGR

04/29/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date