

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

4/28

04-28-2003 90099 038 \*\*\*\*50.00

**DOCUMENT # L02000011315**

1. Entity Name  
**TWO T'S MARINE L.L.C.**



Principal Place of Business      Mailing Address  
**7611 THOMAS ROAD**      **7611 THOMAS ROAD**  
**PANAMA CITY FL 32404**      **PANAMA CITY FL 32404**

44001384



2. Principal Place of Business      3. Mailing Address  
**1806 Cincinnati Ave**      **1806 Cincinnati Ave**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State      City & State  
**Panama City FLA**      **Panama City FLA**  
 Zip      County      Zip      County  
**32405**      **13A7**      **32405**      **13A7**

4. FEI Number      Applied For  
**02-0594921**      Not Applicable

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

6. Name and Address of Current Registered Agent  
~~ENGLBY-TIM CO-OWNER~~  
**7611 THOMAS ROAD**  
**PANAMA CITY FL 32404**

7. Name and Address of New Registered Agent  
 Name **Thomas W Thacker Jr.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1806 Cincinnati Ave.**  
 City **Panama City**      FL      Zip Code **32405**

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 **Thomas W Thacker Jr**      **THOMAS WAYNE THACKER JR**      **2-7-03**  
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 Florida Department of State**  
**Due By May 1, 2003**

9. **MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CO-OWNER</b> <b>TIM W. ENGLBY</b> <b>7611 Thomas Road.</b> <b>P.C. FLA. 32404</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. **ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CO-OWNER</b> <b>TIM W. ENGLBY</b> <b>7611 Thomas Rd.</b> <b>P.C. FLA. 32404</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Thomas W Thacker Jr**      **THOMAS WAYNE THACKER JR**      **2-7-03**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (10/02)