2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L23109 1. Entity Name

KOLLMANN MARINE, INC.

Principal Place of Business

Mailing Address

2340 SUGARLOAF LN 2340_SUGARLOAF_LN_ FT LAUDERDALE FL 33312 FT LAUDERDALE FL 33312

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	

FILED Jan 14, 2002 8:00 am Secretary of State

01-14-2002 90046 015 ***150.00



DO NOT WRITE IN THIS SPACE

City & State		City & State			4. FEI Number 65-0151630		Applied For
) Soli GI (J.Co	,	Not Applicable
Zip	Country	Zip	Coun	try	5. Certificate of Status Desired		\$8.75 Additional Fee Required
6. Name	and Address of Current R	egistered Agent			7. Name and Address of New R	egistered	Agent

KOLLMANN, RICHARD 2340 SUGARLOAF LN FT LAUDERDALE FL 33312

Stree

Name

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

City	

(NOTE: Registered Agent signature required when reinstating)

Zip Code FL

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

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

FILE NOW!!! FEE IS \$150.00

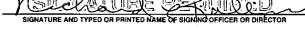
After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11.	OFFICERS AND DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS	PTD Delete KOLLMANN, RICHARD 2340 SUGARLOAF LN	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP	FT LAUDERDALE FL	CITY-ST-ZIP	
NAMES OF STREET ADDRESS CITY ST-ZIP	AVSDE SE SAMA KOLLMANN, OLLIE 2340 SUGARLOAF LN FT LAUDERDALE FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	. Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS	Detote:	NAME STREET ADDRESS	☐ Change ☐ Addition

13. 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 or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



Daytime Phone #