2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

.32396 DOCUMENT

1. Entity Name

DAY BREAK MARINA, INC.

Country

Escambia



Principal Place of Business & MARK C ADAMS

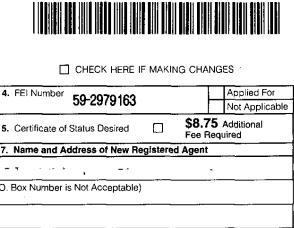
Mailing Address AL HADE C ADAMS

Zip 3250/

811 SOUTH R STREET PENSACOLA FL 32501	811 SOUTH R STREET PENSACOLA FL 32501				
2. Principal Place of Business 8/1 South "R" Street	3. Mailing Address 811 South "R" Street				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				
City & State Pensaco la	City & State Pensacola				

FILED Apr 25, 2003 8:00 am \$ Secretary of State ...

04-25-2003 90291 003 ***150.00



6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
			Name _			-		
ADAMS, MARK C.		Street Addre	ess (P.O. Box Number is No	t Acceptable)				
6550 TER				· · · · · · · · · · · · · · · · · · ·				
PENSACC	DLA FL 32504							
			City		FL	Zip Code	Э	
the obligat	named entity submits this statement for the purplions of registered agent.	oose of changing its re	gistered office or reg	istered agent, or both, in the	e State of Florida. I am fam	niliar with,	and accept	
SIGNATURE	Signature, typed or printed name of registered agent and title if app	olicable. (NOTE: P	tegistered Agent signature re-	quired when reinstating)	DATE			
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of State				Campaign Financing d Contribution.		0 May Be I to Fees	
10.	OFFICERS AND DIRECTO	PRS	11.	ADDITIONS/CHANG	GES TO OFFICERS AND DI		IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADAMS, MARK C 6550 TERRASANTA PENSACOLA FL 32504	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ADAMS, KAREN P 6550 TERRASANTA PENSACOLA FL 32504	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
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Country

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP