

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2003 8:00 am**  
**Secretary of State**

05-09-2003 90055 011 \*\*\*\*50.00

**DOCUMENT # L96000001222**

1. Entity Name

**MARINE MANAGEMENT CONSULTANTS, L.C.**



Principal Place of Business

150 NW 42ND WAY  
DEERFIELD BEACH FL 33442

Mailing Address

150 NW 42ND WAY  
DEERFIELD BEACH FL 33442

2. Principal Place of Business

**7603 Geminata Oak Ct.**

3. Mailing Address

**7603 Geminata Oak Ct.**

Suite, Apt. #, etc.

**Palm Beach Gardens**

Suite, Apt. #, etc.

**Palm Beach Gardens**

City & State

**FL**

City & State

**FL**

Zip

**33410**

Country

**USA**

Zip

**33410**

Country

**USA**

4. FEI Number

**63-1184695**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **JOHNSON, STEPHEN R**  
STREET ADDRESS **150 NW 42ND WAY**  
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

TITLE **MGR** ☐ Delete  
NAME **JOHNSON, KAREN E**  
STREET ADDRESS **150 NW 42ND WAY**  
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

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 **7603 Geminata Oak Ct.**  
CITY-ST-ZIP **Palm Beach Gardens FL 33410**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **7603 Geminata Oak Ct.**  
CITY-ST-ZIP **Palm Beach Gardens FL 33410**

TITLE ☐ Change ☐ Addition  
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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)(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:

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

**MGRM**

**5/1/03 (561) 775-3112**  
Date Daytime Phone #

CR2E083 (10/02)