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

## DOCUMENT # M0000002635

1. Entity Name

MARINEMAX OF SOUTHEAST FLORIDA, LLC



## **FILED** Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90053 010 \*\*\*\*50.00

L				GOO WE TO						
Principal Place of Business 18167 US HIGHWAY 19 NORTH. SUITE 499 CLEARWATER FL 33764			Mailing Address 18167 US HIGHWAY 19 NORTH, SUITE 499 CLEARWATER FL 33764			ይ <b>ሀሀሀ/4/</b> 3				
2. Principal	Place of Business	3. Mailing Address	W.	<u>.</u>						
Suite, Api	i. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & Sta	ite	City & State	City & State			4. FEI Nun	nber <b>52-228295</b>	4	<b>—</b>	pplied For
Zip		- Zip	- Zip			5. Certificate of Status Desired			\$5.00 Ac	
	6. Name and Address of C	Current Registered Agent		<del></del>		7 Name a	nd Address of New C		<u> </u>	<del>eu</del>
		and neglocoled Agent		Nama		7. Name a	nd Address of New R	egistere	d Agent	
ന	RPORATION SERVICE COMP	ΣΔΝΥ	Name							
	11 HAYS STREET	AIII	Stroot Address			N D N		,	1	
	LAHASSEE FL 32301-2525		Street Address			(P.O. Box Number is Not Acceptable)				
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P Thombour	named antitude built this attachment							_	<del>-</del> 1	
the obliga	tions of registered agent.	ment for the purpose of changing	its registere	ed office or reg	egistered	agent, or t	ooth, in the State of Flo	orida. Lar	nj familiar with T	, and accept
SIGNATURE	7:								į	
	Signature, typed or printed name of registere	ed agent and title if applicable. (N	IOTE: Registered	d Agent signature r	required who	en reinstating)		DATE	1	<del></del>
		FILE	NOW!!! F	FEE IS \$50.	100					•
		Make Check Paya				of State			I	
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			Due By Ma	ly 1, 2003					į.	
9.		MEMBERS/MANAGERS	10.				ADDITIONS/	CHANGE	S	*
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NAME	BASSETT, RICHARD R	, ,	NAME	.   ė	USSEL	I. ED	NI SUITE 4		Onlings	<b>JES</b> FIGURION
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TITLE	/ <u>V</u>	☐ Delete	TITLE						☐ Change	Addition
NAME	MCGILL, WILLIAM H		NAME	: <b>i</b>			•			_
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NAME -	MCLAMB, MICHAEL H		NAME						C change	L Addition
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NAME	FRAHN, KURT M	☐ Delete	TITLE						Change	Addition
STREET ADDRESS	18167 US 19 N, SUITE 499	n	NAME						[	
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<u></u>	CLEARWATER FL 33764		CITY-	ST-ZIP						
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NAME	EZZELL, JACK P		NAME							_
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11 Lhereby o	ertify that the information symptic	and which the in Citizen of the country of			<del></del>		<del> </del>		<del>  _</del>	

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 AND TYPED OR PRINTED NAME OF SIGNING MAN GING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE