2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

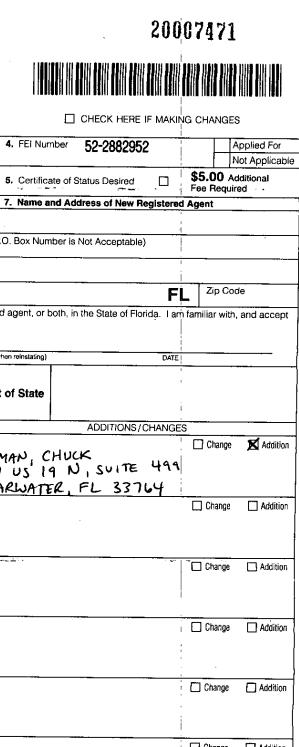
DOCUMENT # M0000002636

1. Entity Name

MARINEMAX OF CENTRAL FLORIDA, LLC



FILED Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90053 012 ****50.00



Principal Place of Business 18167 US HIGHWAY 19 NORTH. SUITE 499 CLEARWATER FL 33764		Mailing Address 18167 US HIGHWAY 19 NORTH, SUITE 499			20007471			
		CLEARWATER FL 33764						
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2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI I	Number 52-28829 5	52		pplied For
Zip	Country	Zip	Country	5. Cert	ificate of Status Desired		\$5.00 Ad	
	6. Name and Address of Current I	Registered Agent	<u> </u>	7. Nam	e and Address of New I	Registered /	Fee Require	ed ·
CO	RPORATION SERVICE COMPANY		Name				190	-
	11 HAYS STREET	Street Addres		Address (PO Boy N	Number is Not Acceptable	1		
	LAHASSEE FL 32301-2525		oliver Address		Number is Not Acceptable	*)		
				-		i		
	•		City			FL	Zip Coo	le
8. The above	e named entity submits this statement for	the purpose of changing its	registered office	or registered agent,	or both, in the State of Fk		l amiliar with,	and accept
ine obliga	itions of registered agent.					·	•	,
SIGNATURE	Signature, typed or printed name of registered agent air	nd title if applicable (NOT	E: Designatured Asset sion	ature required when reinstati				
					ing)	DATE		
	•	Make Check Payabl	OW!!! FEE IS		•	1		
			e By May 1, 20		le	i		
9.	MANAGING MEMBER		10.		ADDITIONS	CHANGES	 .	
TITLE	MEM	☐ Delete	TITLE	VP		T	☐ Change	Addition .
NAME	MCGILL, WILLIAM H JR		NAME	CASHMAN,	CHUCK 19 N, SUITE	أممال		
STREET ADDRESS STY-ST-ZIP	18167 US 19 N, SUITE 499 CLEARWATER FL 33764		STREET ADDRESS					
TITLE	P	☐ Delete	CITY-ST-ZIP	CLEARWA	TER, FL 337	164		
IAME	RUSSELL, ED	□ Delete	TITLE NAME				☐ Change	Addition
TREET ADDRESS	18167 US 19 N, SUITE 499		STREET ADDRESS					ļ
CITY-ST-ZIP	CLEARWATER FL 33764		CITY-ST-ZIP					Ì
ITLE	VST MCLARE U	☐ Delete	TITLE				☐ Change	☐ Addition
TREET ADDRESS	MCLAMB, MICHAEL H 18167 US 19 N. SUITE 499		NAME CTREET ADDRESS					1
ITY-ST-ZIP	CLEARWATER FL 33764		STREET ADDRESS CITY-ST-ZIP			ı		1
ITLE	AS	□ Delete	TITLE			- :	☐ Change	Addition
AME	FRAHN, KURT M		NAME	ļ			Unange	☐ Addition
TREET ADORESS (ITY-ST-ZIP	18167 US 19 N SUITE 499	``	STREET ADDRESS			i		
	CLEARWATER FL 33764 AS		CITY-ST-ZIP	·	 			
TLE AME	EZZELL, JACK P	☐ Delete	TITLE NAME	İ		į	☐ Change	☐ Addition
TREET ADDRESS	18167 US 19 N, SUITE 499		STREET ADDRESS					1
TY-ST-ZIP	CLEARWATER FL 33764		CITY-ST-ZIP			İ		-
TLE		☐ Delete	TITLE					Addition
AME			NAME			į '	• •	
TY-ST-ZIP		•	STREET ADDRESS					1
·			CITY-ST-ZIP			i		

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