

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90256 027 ****50.00

DOCUMENT # M00000002644

1. Entity Name
MARINEMAX OF SOUTHWEST FLORIDA, LLC

Principal Place of Business Mailing Address
18167 US HIGHWAY 19 NORTH, SUITE 499 **18167 US HIGHWAY 19 NORTH, SUITE 499**
CLEARWATER FL 33764 **CLEARWATER FL 33764**

905624



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 52-2282951		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	PS	<input type="checkbox"/> Delete		TITLE	AT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MARSHALL, JERRY L			NAME	LORIE MAUCH		
STREET ADDRESS	18167 US 19 N SUITE 499			STREET ADDRESS	18167 US 19 N, SUITE 499		
CITY-ST-ZIP	CLEARWATER FL 33764			CITY-ST-ZIP	CLEARWATER, FL 33764		
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCGILL, WILLIAM H JR			NAME			
STREET ADDRESS	18167 US 19 N SUITE 499			STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 33764			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCLAMB, MICHAEL H			NAME			
STREET ADDRESS	18167 US 19 N SUITE 499			STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 33764			CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FRAHN, KURT M			NAME			
STREET ADDRESS	18167 US 19 N SUITE 499			STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 33764			CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EZZELL, JACK P			NAME			
STREET ADDRESS	18167 US 19 N SUITE 499			STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 33764			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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]* **SIGNATURE REQUIRED** 1/10/02 (727) 531-1700
Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #

CR2E083 (9/01)