2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Feb 17, 2003 8:00 am Secretary of State

DOCUMENT # M54426 1. Entity Name MARINE HOSPITALITY CORPORATION						02-17-2003 90193 009 ***150.00	
Principal Place of Business 305 SOUTH ANDREWS AVENUE SUITE 200 FORT LAUDERDALE, FL 33301			Mailing Address 305 SOUTH ANDREWS AVENUE SUITE 200 FORT LAUDERDALE, FL 33301				90028992
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 Number Applied For Not Applied For
Zip Country		Zip Count		itry		5. Certificate of Status Desired	
	6. Name	and Address of Current F	Registered Agent				7. Name and Address of New Registered Agent
GORDIN, A 300 S.W. 1 SUITE 103 FT. LAUDE	ST AVE.	33301			Name S. W. Shelley Street Address (P.O. Box Number is Net Acceptable) 305 South Andrews Avenue Suite 200		
3. The above the obligate	tions of regist	y submits this statement for ered agent.	w			gister	ered agent, or both, in the State of Florida. I am familiar with, and accept
Afte	FILE NOW! May 1, 200	II FEE IS \$150.00 33 Fee Will be \$550.00 5 Florida Department o OFFICERS AND D	State	11.			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE Name Street address City-ST-2IP	1	, S W ST AVENUE SUITE 103 JDERDALE, FL 33301	☐ Delete .	8		DyP She 305 F+	P Change Addition Street 200 to Lenderdale, FL 33301
TITLE Name Street Address City-St-Zip		ENNY ST AVENUE SUITE 103 JDERDALE, FL 33301	Delete	А	•	•	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZP		ENNIS PREWS AVE DERDALE, FL 33301	Delete	H		_· -	☐ Change ☐ Additio
TITLE Name Street address City-St-ZP	1	AVNER PREWS AVE IDERDALE, FL 33301	Delete		ſ		☐ Change ☐ Addibio
ETLE Name Street address City-St-ZP			☐ Deiete	8	i		☐ Change ☐ Additio
ITILE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	H	1		☐ Change ☐ Additio
of the cor	on this report poration or the	information supplied with to or supplemental report is to e receiver or trustee empoy chment with an address, with the supplement with an address, with the supplement with an address, with the supplement with an address.	rue and accurate and that me rered to execute this report.	the exer ny signati as requir	nption stated ure shall have ed by Chapte	in Sec the sa er 607,	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as If made under oath; that I am an officer or director 7, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

5. W. Shelley, President D. rector

2/10/03

<u>(954) 463 - 337:</u>

Daytime Phone #