## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #** M83248



## FILED Mar 17, 2003 8:00 am Secretary of State

1. Entity Name INLAND MARINE USA, INC.							03-17-2003 91051 048 ***150.00					
Principal Place of Business 930 SE 9TH LANE CAPE CORAL FL 33990			930 8	Mailing Address 930 SE 9TH LANE CAPE CORAL FL 33990				1 <b>40</b> 01			RATH DIRTU FAAI	
2. Principal Place of Business			3. Mai	3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HEF	re if Making	CHANGES	} 	
City & State			City	City & State			4. FEI Nur	nber <b>65-00496</b> 4	16	\- <del></del>	pplied For ot Applicable	
Zip Country			Zip	,			5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name	and Address of C	Current Registere	ed Agent '			7. Name a	nd Address of Nev	Registered .	Agent		
DONALD, LANGEVIN					-	Name JOANN LANGEVIN						
1017-C SE 12TH AVE CAPE CORAL FL 33990					-	Street Address (P.O. Box Number is Not Acceptable) 930 SE 9TH LANE						
CAPE CORAL PL 33990						City CAPE CORAL FL Z3938990						
8. The above the obliga	e named entit tions of regist	y submits this state ered agent.	ement for the purp	ose of changing its	s registered	d office or registe	ered agent, or	both, in the State of	Florida. I am	amiliar with,	and accept	
SIGNATURE		u ann	Junge	julicable. (NOT		ANN LAN		VP	3/12/	٥3		
	· //	or printed name of registe	acu agent and tag it app	icable. (NOI	E: Registered	Agent signature require	id when reinstating)		DATE			
·	//_	· · · · · · · · · · · · · · · · · · ·		icable. (NUI	E: Registered	Agent signature require	d when reinstating)		DAIE			
Afte	ILE NOW!! r May 1, 200	!_FEE_IS_\$150. 3 Fee will be \$5	.00	ilicable. (NUT	E: Registered	Agent signature require	9.	Election:Campaign Trust Fund Contribu	Financing		00_May.Be	
Afte Make Chec	ILE NOW!! r May 1, 200	I. FEE JS \$150. 33 Fee will be \$5 5 Florida Departr	.00 550.00 ment of State			Agent signature require	9.	Trust Fund Contribu	Financing tion.	Adde	d to Fees	
Afte Make Checl 10.	ILE NOW!! r May 1, 200 k Payable to	I. FEE JS \$150. 33 Fee will be \$5 5 Florida Departr	.00	, RS	11.	Agent signature require	9.		Financing tion.	Adde	d to Fees	
Afte Make Check 10.	ILE NOW!! r May 1, 200 k Payable to	I. FEE IS \$150. 33 Fee will be \$5 5 Florida Departr	.00 550.00 ment of State		11.	Agent signature require	9.	Trust Fund Contribu	Financing tion.	Adde	d to Fees	
Afte Make Check  10.  TITLE NAME	r May 1, 200 k Payable to P LANGEVIN	J. FEE IS \$150. 3 Fee will be \$5 5 Florida Departr OFFICEF	.00 550.00 ment of State	, RS	11. TITLE NAME		9.	Trust Fund Contribu	Financing tion.	Adde	d to Fees	
Afte Make Check 10.	P LANGEVIN	J. FEE JS \$150.  3 Fee will be \$5  5 Florida Departr  OFFICEF  , DONALD  12TH AVE	.00 550.00 ment of State	, RS	11. TITLE NAME STREET	ADDRESS	9.	Trust Fund Contribu	Financing tion.	Adde	d to Fees	
Afte Make Check  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANGEVIN 1017-C SE CAPE COR	J. FEE IS \$150. 3 Fee will be \$5 5 Florida Departr OFFICEF	.00 550.00 ment of State	RS 🗹 Delete	11. TITLE NAME STREET CITY-S	ADDRESS	9.	Trust Fund Contribu	Financing tion.	DIRECTOR Change	d to Fees S IN 11 Addition	
Afte Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P LANGEVIN 1017-C SE CAPE COF	! FEE IS \$150. 3 Fee will be \$5 5 Florida Departr OFFICEF , DONALD 12TH AVE RAL FL 33990	.00 550.00 ment of State	, RS	11. TITLE NAME STREET CITY-S	ADDRESS	9.	Trust Fund Contribu	Financing tion.	Adde	d to Fees	
Afte Make Check 10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P LANGEVIN 1017-C SE CAPE COF	! FEE IS \$150. 33 Fee will be \$5 5 Florida Departr OFFICEF  , DONALD 12TH AVE RAL FL 33990	.00 550.00 ment of State	RS 🗹 Delete	11.  TITLE NAME STREET CITY-S TITLE NAME	ADDRESS T-ZIP	9.	Trust Fund Contribu	Financing tion.	DIRECTOR Change	d to Fees S IN 11 Addition	
Afte Make Check  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P LANGEVIN 1017-C SE CAPE COF V LANGEVIN 1739 SE 4	!_FEE JS \$150. 33 Fee will be \$5 5 Florida Departr OFFICEF , DONALD 12TH AVE RAL FL 33990 , JOANN 6TH LN #202	.00 550.00 ment of State	RS 🗹 Delete	11.  TITLE NAME STREET CITY-S TITLE NAME STREET	ADDRESS T-ZIP ADDRESS	9.	Trust Fund Contribu	Financing tion.	DIRECTOR Change	d to Fees S IN 11 Addition	
Afte Make Check  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANGEVIN 1017-C SE CAPE COF V LANGEVIN 1739 SE 4	! FEE IS \$150. 33 Fee will be \$5 5 Florida Departr OFFICEF  , DONALD 12TH AVE RAL FL 33990	.00 550.00 ment of State	RS Delete	11. TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S	ADDRESS T-ZIP ADDRESS	9.	Trust Fund Contribu	Financing tion.	Added DIRECTOR Change	S IN 11 Addition Addition	
Afte Make Check  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P LANGEVIN 1017-C SE CAPE COF V LANGEVIN 1739 SE 4	!_FEE JS \$150. 33 Fee will be \$5 5 Florida Departr OFFICEF , DONALD 12TH AVE RAL FL 33990 , JOANN 6TH LN #202	.00 550.00 ment of State	RS 🗹 Delete	11. TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE	ADDRESS T-ZIP ADDRESS	9.	Trust Fund Contribu	Financing tion.	DIRECTOR Change	d to Fees S IN 11 Addition	
Afte Make Check  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P LANGEVIN 1017-C SE CAPE COF V LANGEVIN 1739 SE 4	!_FEE JS \$150. 33 Fee will be \$5 5 Florida Departr OFFICEF , DONALD 12TH AVE RAL FL 33990 , JOANN 6TH LN #202	.00 550.00 ment of State	RS Delete	11. TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME	ADDRESS ST-ZIP ADDRESS T-ZIP	9.	Trust Fund Contribu	Financing tion.	Added DIRECTOR Change	S IN 11 Addition Addition	
Afte Make Check  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P LANGEVIN 1017-C SE CAPE COF V LANGEVIN 1739 SE 4	!_FEE JS \$150. 33 Fee will be \$5 5 Florida Departr OFFICEF , DONALD 12TH AVE RAL FL 33990 , JOANN 6TH LN #202	.00 550.00 ment of State	RS Delete	11. TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET	ADDRESS ST-ZIP ADDRESS T-ZIP ADDRESS ADDRESS	9.	Trust Fund Contribu	Financing tion.	Added DIRECTOR Change	S IN 11 Addition Addition	
Afte Make Check  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANGEVIN 1017-C SE CAPE COF V LANGEVIN 1739 SE 4	!_FEE JS \$150. 33 Fee will be \$5 5 Florida Departr OFFICEF , DONALD 12TH AVE RAL FL 33990 , JOANN 6TH LN #202	.00 550.00 ment of State	RS  Delete  Delete	11. TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S	ADDRESS ST-ZIP ADDRESS T-ZIP ADDRESS ADDRESS	9.	Trust Fund Contribu	Financing tion.	DIRECTOR Change Change	S IN 11 Addition Addition	
Afte Make Check  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	P LANGEVIN 1017-C SE CAPE COF V LANGEVIN 1739 SE 4	!_FEE JS \$150. 33 Fee will be \$5 5 Florida Departr OFFICEF , DONALD 12TH AVE RAL FL 33990 , JOANN 6TH LN #202	.00 550.00 ment of State	RS Delete	11. TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET	ADDRESS ST-ZIP ADDRESS T-ZIP ADDRESS ADDRESS	9.	Trust Fund Contribu	Financing tion.	Added DIRECTOR Change	S IN 11 Addition Addition	
Afte Make Check  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P LANGEVIN 1017-C SE CAPE COF V LANGEVIN 1739 SE 4	!_FEE JS \$150. 33 Fee will be \$5 5 Florida Departr OFFICEF , DONALD 12TH AVE RAL FL 33990 , JOANN 6TH LN #202	.00 550.00 ment of State	RS  Delete  Delete	11. TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME NAME NAME	ADDRESS ST-ZIP ADDRESS T-ZIP ADDRESS ADDRESS	9.	Trust Fund Contribu	Financing tion.	DIRECTOR Change Change	S IN 11 Addition Addition	
Afte Make Check  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME	P LANGEVIN 1017-C SE CAPE COF V LANGEVIN 1739 SE 4	!_FEE JS \$150. 33 Fee will be \$5 5 Florida Departr OFFICEF , DONALD 12TH AVE RAL FL 33990 , JOANN 6TH LN #202	.00 550.00 ment of State	RS  Delete  Delete	11. TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME NAME NAME	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS ADDRESS	9.	Trust Fund Contribu	Financing tion.	DIRECTOR Change Change	S IN 11 Addition Addition	
Afte Make Checi 10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P LANGEVIN 1017-C SE CAPE COF V LANGEVIN 1739 SE 4	!_FEE JS \$150. 33 Fee will be \$5 5 Florida Departr OFFICEF , DONALD 12TH AVE RAL FL 33990 , JOANN 6TH LN #202	.00 550.00 ment of State	RS  Delete  Delete	11. TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS ADDRESS	9.	Trust Fund Contribu	Financing tion.	Added DIRECTOR Change Change Change	S IN 11 Addition Addition Addition	
Afte Make Checi 10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANGEVIN 1017-C SE CAPE COF V LANGEVIN 1739 SE 4	!_FEE JS \$150. 33 Fee will be \$5 5 Florida Departr OFFICEF , DONALD 12TH AVE RAL FL 33990 , JOANN 6TH LN #202	.00 550.00 ment of State	Delete  Delete  Delete	11.  TITLE NAME STREET CITY-S  TITLE NAME STREET CITY-S  TITLE NAME STREET CITY-S  TITLE NAME STREET CITY-S	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS ADDRESS	9.	Trust Fund Contribu	Financing tion.	DIRECTOR Change Change	S IN 11 Addition Addition	
Afte Make Checi 10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	P LANGEVIN 1017-C SE CAPE COF V LANGEVIN 1739 SE 4	!_FEE JS \$150. 33 Fee will be \$5 5 Florida Departr OFFICEF , DONALD 12TH AVE RAL FL 33990 , JOANN 6TH LN #202	.00 550.00 ment of State	Delete  Delete  Delete	11.  TITLE NAME STREET CITY-S  TITLE NAME STREET CITY-S  TITLE NAME STREET CITY-S  TITLE NAME STREET CITY-S  TITLE NAME NAME NAME NAME	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS ADDRESS	9.	Trust Fund Contribu	Financing tion.	Added DIRECTOR Change Change Change	S IN 11 Addition Addition Addition	
Afte Make Checi 10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P LANGEVIN 1017-C SE CAPE COF V LANGEVIN 1739 SE 4	!_FEE JS \$150. 33 Fee will be \$5 5 Florida Departr OFFICEF , DONALD 12TH AVE RAL FL 33990 , JOANN 6TH LN #202	.00 550.00 ment of State	Delete  Delete  Delete	11.  TITLE NAME STREET CITY-S  TITLE NAME STREET CITY-S  TITLE NAME STREET CITY-S  TITLE NAME STREET CITY-S  TITLE NAME NAME NAME NAME	ADDRESS ST-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS ADDRESS ADDRESS	9.	Trust Fund Contribu	Financing tion.	Added DIRECTOR Change Change Change	S IN 11 Addition Addition Addition	
Afte Make Checi 10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	P LANGEVIN 1017-C SE CAPE COF V LANGEVIN 1739 SE 4	!_FEE JS \$150. 33 Fee will be \$5 5 Florida Departr OFFICEF , DONALD 12TH AVE RAL FL 33990 , JOANN 6TH LN #202	.00 550.00 ment of State	Delete  Delete  Delete	11.  TITLE NAME STREET CITY-S  TITLE NAME STREET STREET	ADDRESS ST-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS ADDRESS ADDRESS	9.	Trust Fund Contribu	Financing tion.	Added DIRECTOR Change Change Change	S IN 11 Addition Addition Addition	
Afte Make Check  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME TITLE NAME TITLE NAME TITLE NAME	P LANGEVIN 1017-C SE CAPE COF V LANGEVIN 1739 SE 4	!_FEE JS \$150. 33 Fee will be \$5 5 Florida Departr OFFICEF , DONALD 12TH AVE RAL FL 33990 , JOANN 6TH LN #202	.00 550.00 ment of State	Delete  Delete  Delete  Delete	11. TITLE NAME STREET CITY-S	ADDRESS ST-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS ADDRESS ADDRESS	9.	Trust Fund Contribu	Financing tion.	Added DIRECTOR Change Change Change	d to Fees S IN 11 Addition Addition Addition Addition	
Afte Make Check  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	P LANGEVIN 1017-C SE CAPE COF V LANGEVIN 1739 SE 4	!_FEE JS \$150. 33 Fee will be \$5 5 Florida Departr OFFICEF , DONALD 12TH AVE RAL FL 33990 , JOANN 6TH LN #202	.00 550.00 ment of State	BS Delete  Delete  Delete  Delete	11. TITLE NAME STREET CITY-S	ADDRESS ST-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	9.	Trust Fund Contribu	Financing tion.	Added DIRECTOR Change Change Change	d to Fees S IN 11 Addition Addition Addition Addition	
Afte Make Check  10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME TITLE NAME TITLE NAME TITLE NAME	P LANGEVIN 1017-C SE CAPE COF V LANGEVIN 1739 SE 4	!_FEE JS \$150. 33 Fee will be \$5 5 Florida Departr OFFICEF , DONALD 12TH AVE RAL FL 33990 , JOANN 6TH LN #202	.00 550.00 ment of State	Delete  Delete  Delete  Delete	11. TITLE NAME STREET CITY-S	ADDRESS ST-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	9.	Trust Fund Contribu	Financing tion.	Added DIRECTOR Change Change Change	d to Fees S IN 11 Addition Addition Addition Addition	

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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

JOANN LANGEVIN

239-458-0302

Date

Daytime Phone #

CR2F034 (10/02)