FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2002 8:00 am Secretary of State

DOCUMENT # M90136 1. Entity Name								05-02-200	2 90056 (014 ***150.00	
American Marina Enterprises, Inc.											
DO NOT WRITE IN THIS SPACE								·			
2. Principal F 2536 Co	Place of Busin ountryside	3. Mailing Address 2536 Countryside Blvd									
Suite, Apt. Sixth Floo		Suite, Apt. #, etc. Sixth Floor					DO NOT WRITE IN THIS SPACE				
City & Stat Clearwate	e	City & State Clearwater FL					J. FEI Number 59-2903899		Applied For		
Zip -33763	Zip Country			Zip Cou				L_Certificate of Status Desired	\$	Not Applicable 8.75 Additional	
-337.03===		=USA	33763		USA			Name and Address of Current	Fe	ee Required	
DO NOT WRITE						Name No	nne North, Heather L				
		Stre		ress (P.O 36 Co	6 (P.O. Box Number is Not Acceptable) 6 Countryside Blvd						
IN THIS SPACE								h Floor			
						City CI	earwat	ter	FL	Zip Code 33763	
8. The above named on the state of the state						d office or re	egistered	agent, or both, in the State of Flo	rida.		
SIGNATURE.	Show	Heave	A ·	NEV C	E: Registere	d Agent signature	required whe		P. 2 - No.	RTH. 411702	
Tax filing requirement and elects to do so. (So criterio as back) After May Amended					1, Fee i d UBR i	y 1 Fee is \$150.00 , Fee is \$550.00 UBR is \$61.25 e to Department of Stat		10. Election Campaign Fina Trust Fund Contribution	ancing n. \square	\$5.00 May Be Added to Fees	
11. TITLE	I	OFFICERS AND D	DIRECTORS		TITLE						
NAME	PDST Boesch, Gary R					: E					
STREET ADDRESS CITY-ST-ZIP	1 2:					ET ADDRESS - ST+ZIP	•				
TITLE					TITLE	1					
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CITY-ST-ZIP TITLE					TITLE	ST-ZIP			•		
NAME STREET ADDRESS					NAME	- 1					
STREET ADDRESS CITY - ST - ZiP						ST-ZIP					
13. 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 gnature 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 11 or on an attachment with an address, with all other like empowered.											
SIGNATURE:									26-0726		
J. W. 171	~	SIGNATURE AND TYPED OR PR	NTED NAME OF S	IGNING OFFICER	OR DIRECT	OR		Date	Dayur	ne Phone #	