

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92196 018 ****61.25

DOCUMENT # N01000006521

1. Entity Name
AMERICAN MARINELIFE DEALERS ASSOCIATION, INC



Principal Place of Business
**811-E EAST BASE ST.
MADISON FL 32340**

Mailing Address
**P. O. BOX 1052
MADISON FL 32341**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **88-0393010**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HARRIS, ELIZABETH
811-E EAST BASE ST.
MADISON FL 32340**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GOODLETT, RANDOLPH	
STREET ADDRESS	1204 MONTCLAIR DRIVE	
CITY-ST-ZIP	PITTSBURGH PA 15241	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	KING, MIKE	
STREET ADDRESS	2124 PLAINFORD AVENUE NE	
CITY-ST-ZIP	GRAND RAPIDS MI 49505	
TITLE	S	<input type="checkbox"/> Delete
NAME	SWANKSCREFFER, MARK	
STREET ADDRESS	6527 NAOMI	
CITY-ST-ZIP	PORTAGE MI 49002	
TITLE	T	<input type="checkbox"/> Delete
NAME	HARRIS, ELIZABETH	
STREET ADDRESS	811-E EAST BASE STREET	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RUDDY, STEVEN	
STREET ADDRESS	229 BUENA TIERA WAY	
CITY-ST-ZIP	WINDSOR CA 95492	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OELLERS, RICHARD	
STREET ADDRESS	191 JENKINS ROAD	
CITY-ST-ZIP	SACO ME 04072	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, STEVE	
STREET ADDRESS	370 INDUSTRIAL RD. UNIT J	
CITY-ST-ZIP	SAN CARLOS, CA 94070	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWANK-SCHREFFLER, MARK	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PREUSS, RICK	
STREET ADDRESS	2119 HASLETT ROAD	
CITY-ST-ZIP	HASLETT, MI 48840	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ST. PIERRE, KARL	
STREET ADDRESS	P.O. BOX 2342	
CITY-ST-ZIP	KEY WEST, FL 33045	

12. 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 617, 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.

SIGNATURE: **[Signature]** **5/1/03** **850-973-3488**

CR2E037 (10/02)