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

## DOCUMENT # **N21393**

1. Entity Name

## MARINE LIFE PRESERVATION SOCIETY, INC.



**FILED** Jan 10, 2003 8:00 am Secretary of State
01-10-2003 90107 049 \*\*\*\*61.25

			COD WE IN	•				
4820 N.E. 26 AVENUE 4820		Mailing Address 4820 N.E. 26 AVENUE FORT LAUDERDALE FL 3	3308					
2. Principal Place of Business 3.		3. Mailing Address	. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State		4. FEI Number <b>59-2833695</b>		Applied For	
Zip	Zip Country		Country	5. Certificate of Status Desired S8.75 Addir Fee Required		ot Applicable ditional		
	6. Name and Address of Current	Registered Agent	·	7. Name and Addr	ess of New Registered			ł
		<del> </del>	Name					1
TINGLER	,-DBRENT		Chront Address	Address (P.O. Box Number is Not Acceptable)			-	
4820 N.E	L 26 AVENUE LUDERDALE FL 33308		Street Address	s (P.O. Box Number is No	ot Acceptable)		- 110° \$44	-
			City	**************************************	FL	Zip Cod	e	
8. The above	named entity submits this statement for tions of registered agent.	the purpose of changing its	s registered office or regist	tered agent, or both, in th	ne State of Florida. I am	familiar with,	and accept	ĺ
SIGNATURE	Signature, typed or printed name of registered agent a		TE: Registered Agent signature requirements	-	DATE Make Check	k Pavahla		
	FILE NOW: FEE IS \$61.25		Contribution.	\$5.00 May Be Added to Fees	Florida Depar			
10.	OFFICERS AND DIF	ECTORS	11.	ADDITIONS/CHANGES	S TO OFFICERS AND DI	RECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D BOSSART, GREGG 7835 1ST STREET SOUTHWEST VERO BEACH FL 32968	☐ Delete	TITLE NAME STREET ADDRESS GITY-ST-ZIP			☐ Change	☐ Addition	(20/01)
TITLE NAME STREET ADDRESS	VP/D GREEN, LYNDA PO BOX 3430	☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	☐ Addition	CRPE
CITY-ST-ZIP	ASPEN CO 81612		CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D MAGRAM, RON 6697 SOUTHWEST 70TH AVE MIAMI FL 33143	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		***	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D TINGLER, D. BRENT 4820 N.E. 26 AVENUE FORT LAUDERDALE FL 33308	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		Change	Addition	

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:**