2001	UNIF	ORM B	USIN	IESS REPO	RT	(UBF	R)	FIL	ED			
DOCUMENT # P0000023257 1. Entity Name EMARINE.COM, INC.								Apr 30, 2001 08:00 AM Secretary of State				
Principal Place of Business 313 5TH STREET				Maiiing Address							-	
WEST PALM BEACH FL 33401				WEST PALM BEACH FL 33401								
2. Principal Place of Business 140 INTRACOASTAL POINTE DRIVE				3. Mailing Address 140 INTRACOASTAL POINTE DRIVE							•	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DO NOT	WRITE IN THI	S SPACE	–	
City & State	е	FL		City & State		FL		. FEI Number 55-0987351		——————————————————————————————————————	oplied For	Ì
Zip 33477		Country		Zip 33477	Coun	itry		Certificate of Status Desi	red 🗌	\$8.75 Ad		-
33477	6. Name an	d Address of C	urrent Re	gistered Agent				Name and Address of N		Fee Require	ed	4
MYERS STEVEN J 313 5TH STREET WEST PALM BEACH FL						140 INTE	STE ddress (P.O.	VEN J Box Number is Not Accept L POINTE DRIVE		a Agent		- -
33401						401 City				■ Zip Coo	 le	-
9 The chaus		- Lean and a street				JUPITER		agent, or both, in the State	F	33477		_
SIGNATURE .	STEVET Signature, typed or protation is eligible	N J. MYEI inted name of register to satisfy its Inte	RS -	title if applicable. (NOT	E: Registere	d Agent signatu	ure required when		- 04/3 DATE			
Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2 Make Check Paya					01 Fee ole to D	will be \$5 epartment	t of State	Trust Fund Contri	bution.	∐ Ådde	0 May Be d to Fees	
11.	D	OFFICER	S AND DI		12.			ADDITIONS/CHANGES TO	OFFICERS AN]_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MYERS 313 5TH STR WEST PALM		J	☐ Delete FL 33401			D MYERS 140 INTR JUPITER	STEVEN J ACOASTAL POINTE DRIV	VE, SUITE 401 FL		Addition	034 (11/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		-				☐ Change	Addition	CR2E0
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·		☐ Delete					, <u> </u>	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete						Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	CITY	e et adoress -st-zip				☐ Change	Addition	
of the cor	poration or the r	supplemental n	e embowe epon is in	ie aug accurate and mat r	ny signai as requi	ti ire shali ha	ava ina com	n 119.07(3)(i), Florida Statt e legal effect as if made ur orida Statutes; and that my	adar aaths that	I am an officer	or director	
SIGNAT		even J. Myers		TED NAME OF SIGNING OFFICER	OR DIRECT	ror		D 04/30/2001	<u>.</u>	Daytime Phone #		