


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

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90216 024 ***150.00

DOCUMENT # *P00000023257*

1. Entity Name
Emarine International, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1535 SE 17th Street		3. Mailing Address 1535 SE 17th Street		4. FEI Number 65-0987351		Applied For Not Applicable	
Suite, Apt. #, etc. Suite 111		Suite, Apt. #, etc. Suite 111		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
City & State Fort Lauderdale, FL		City & State Fort Lauderdale, FL					
Zip 33316	Country US	Zip 33316	Country US				

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Myers, Steven**

Street Address (P.O. Box Number is Not Acceptable)
1535 SE 17th Street, Suite 111

City **Fort Lauderdale** **FL** Zip Code **33316**

8. 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) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P - Myers, Steven 1535 SE 17th Street, Suite 111 Fort Lauderdale, FL 33316	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Steven Myers* **President** *4/21/03* **954-618-0440**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #