

**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

Suite, Apt. #, etc.
Suite 111

Suite, Apt. #, etc.
Suite 111

City & State
Fort Lauderdale, FL

City & State
Fort Lauderdale, FL

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0987351

Applied For
Not Applicable

Zip
33316

Country
US

Zip
33316

Country
US

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

**DO NOT WRITE
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

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

(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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**DO NOT WRITE
IN THIS SPACE**

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 #

CR2E034B (12/02)