

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

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90034 045 ***150.00

DOCUMENT # **P000000036443**

1. Entity Name

FARR MARINE SERVICES, INC.

DO NOT WRITE IN THIS SPACE

B0061554

2. Principal Place of Business
610 ProSavvy, INC.
Suite, Apt. #, etc.
9900 W. Sample Rd, 3rd. FL

3. Mailing Address
610 ProSavvy, INC.
Suite, Apt. #, etc.
9900 W. Sample Rd, 3rd FL

DO NOT WRITE IN THIS SPACE

City & State
CORAL SPRINGS, FL
Zip
33065
Country
U.S.A.

City & State
CORAL SPRINGS, FL
Zip
33065
Country
U.S.A.

4. FEI Number
65-0998533
Applied For
☐ Not Applicable

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
WILLIAM J. FARR

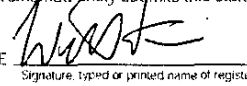
Street Address (P.O. Box Number is Not Acceptable)

610 PROSAVVY, INC.

9900 W. Sample Rd, 3rd. FL

City
CORAL SPRINGS **FL** Zip Code
33065

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.

SIGNATURE  **William J. Farr**

3/28/02
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

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

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

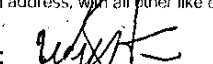
11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D.P.V.T.S. WILLIAM J. FARR 610 PROSAVVY, INC. 9900 W. Sample Rd 3rd. FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CORAL SPRINGS, FL 33065
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IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **William J. Farr**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/02 **944 288 7750**
Date Daytime Phone

CR2E034B (12/01)