2003 FOR PROFIT CORPGRATION

UNIFORM BUSINESS REPORT/(UBR)

FILED Aug 11, 2003 8:00 am Secretary of State

DOCUMENT # P0000039584 1. Entity Name JPM MARINE, INC.						07-24-2003 90117 008 ***150.00 08-11-2003 90280 011 ***400.00				
Principal Place of Business 1560 WALNUT STREET CLEARWATER FL 33755 Mailing Address 1560 WALNUT STREET CLEARWATER FL 33755 CLEARWATER FL 33755				,						
2. Principal I	Place of Business	3. Mailing Address			7					
Suite, Apt. #, etc.		- Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FE	4. FEI Number 59-3647544			Applied For lot Applicabl	e
Zip Country		Zip Co		try	y 5. Certificate of Status Desir		ed S8.75 Addition.		ditional	
	6. Name and Address of Current	Registered Agent		ا میراث		ame and Address of New Registe	red Age	nt]
MILLER, JOHN P 1560 WALNUT STREET CLEARWATER FL 33755				Street Address		x Number is Not Acceptable)		Zip Coo		
signature	e named entity submits this statement for tions of registered agent. Sgnature, typed or printed name of registered agent. FILE NOW!!! FEE IS \$150.00			ed office or regist		nt, or both, in the State of Florida. I	ATE			
	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	. '				Election Campaign Financing Trust Fund Contribution.		Adde	OO May Be d to Fees	
10.	OFFICERS AND		11.		ADD	ITIONS/CHANGES TO OFFICERS				٦,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MILLER, JOHN P 1560 WALNUT STREET CLEARWATER FL 33755	☐ Delete					L] Change	Addition	CR2E034 (10/02
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	1					Change	☐ Addition	CR2
NAME STREET ADDRESS CITY-ST-ZIP		□ 'Delête □	NAME STREE	T ADDRESS ST-ZIP		9 (1) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4		Change	Addition]
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete						Change	■ Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREE	T ADDRESS				Change	Addition	7

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

SIGUAPINI TO EQUITO OF IN ILLO CONTROL OF DIRECTOR