2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT

P00000073317

1. Entity Name

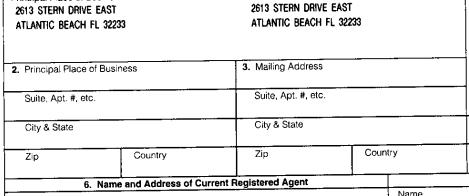


Secretary of State 02-12-2003 90116 029 ***150.00

FILED

Feb 12, 2003 8:00 am

TRAWLER ELAINE MARIE, INC. Mailing Address Principal Place of Business



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CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number 59-3665850 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name HILLEGASS, WILLIAM -Street-Address (P.O. Box Number is Not-Acceptable) --= 427 N. 3RD STREET JACKSONVILLE FL 32250 Zip Code City 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 SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME PACK, MARK H NAME STREET ADDRESS 2613 STERN DRIVE EAST STREET ADDRESS CITY-ST-ZIP ATLANTIC BEACH FL 32233 CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TD TITLE NAME PACK, LYNDA NAME STREET ADDRESS 2613 STERN DRIVE EAST STREET ADDRESS CITY-ST-ZIP ATLANTIC BEACH FL 32233 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. Thereby 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 ment with an address, with all other like empowered changed, or on an attach

SIGNATURE:

CITY-ST-ZIP