


**FILED**  
**Mar 14, 2003 8:00 am**  
**Secretary of State**

03-14-2003 90058 018 \*\*\*158.75

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

**DOCUMENT # P00000079903**

1. Entity Name  
**MARINE ENVIRONMENTAL PARTNERS, INC.**



10038516

Principal Place of Business  
 3001 WEST STATE ROAD B4  
 FORT LAUDERDALE, FL 33312

Mailing Address  
 3001 WEST STATE ROAD B4  
 FORT LAUDERDALE, FL 33312

2. Principal Place of Business  
**255 E. DANIA BEACH BLVD.**  
 SUITE, Apt. #, etc.  
**# 220**

3. Mailing Address  
 SUITE, Apt. #, etc.  
**SAME**

City & State  
**DANIA BEACH FL**

City & State  
**SAME**

Zip  
**33004**

Country  
**USA**



CHECK HERE IF MAKING CHANGES

4. FEI Number  
**05-1048503**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**LEFFLER, CHARLES E**  
**255 E. DANIA BEACH BLVD. STE 220**  
**DANIA BEACH, FL 33004**

7. Name and Address of New Registered Agent

Name

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

City

FL Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of agent, director and his / her address (SEE Registered Agent signature marked when changing)

9. Election Campaign Financing  
 Trust Fund Contribution.  **\$5.00** may be Added to Fee

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PO LEFFLER, CHARLES E 3311 NE 49TH ST. LIGHTHOUSE POINT, FL 33164	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP JOHNSON, DENNIS 9530 WINDFALL WAY COLORADO SPRINGS, CO 80909	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HULSEY, NEVEN C 1311 BROKEN ARROW HORSESHOE BAY, TX 78657	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GALLOPO, CHARLES P 276 BEACH RD. A-302 TEQUESTA, FL 33409	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V JON, STEWART 4030 NE 19TH AVE. FORT LAUDERDALE, FL 33034	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GARMANE, GLENN 255 E. DANIA BEACH BLVD. STE 220 DANIA BEACH, FL 33004	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 889.07(1)(c). For the filer's use. 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if change, or on an attachment with an address, with all other information.

SIGNATURE:  DATE: **3-12-03** 954-924-5500

CEREG04 (12/02)