

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 20, 2001 8:00 am**  
**Secretary of State**

04-20-2001 90187 046 \*\*\*150.00

**DOCUMENT # P00000085797**

1. Entity Name

**SENTRY MARINE, INC.**

Principal Place of Business

**3033 FLEMING AVE.  
LAKE WORTH FL 33463**

Mailing Address

**3033 FLEMING AVE.  
LAKE WORTH FL 33463**

2. Principal Place of Business

**169 E+ 25th ST  
Sentry MARINE**

3. Mailing Address

**169 E+ 25th ST  
Suite, Apt. #, etc.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**Riviera Beach FL**

City &amp; State

**Riviera Beach**

Zip

**33404**

Country

**Palm Beach**

Zip

**33404**

Country

**Palm Beach**

4. FEI Number

**657 036 916**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRANDSEN, WILLIAM L  
3033 FLEMING AVE.  
LAKE WORTH FL 33463**

Name

**William Frandsen**

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

**169 E+ 25th ST**

City

**Riviera Beach**

FL

**33404**

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

**W. Frandsen**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**04/12/01**9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>D</b>			
	<b>FRANDSEN, WILLIAM L</b>			
	<b>3033 FLEMING AVE.</b>			
	<b>LAKE WORTH FL 33463</b>			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**William Frandsen**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**04/12/01**

Daytime Phone #

CR2E034 (10/00)