

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

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90241 046 \*\*\*150.00

DOCUMENT # P00000106177 ✓  
1. Entity Name

McGrath Maritime Link, Inc

**667905**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
754 NW 123 Drive  
Suite, Apt. #, etc.

3. Mailing Address  
754 NW 123 Drive  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Coral Springs FL  
Zip 33071 Country USA

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Zip 33071 Country USA

4. FEI Number 65-1055106  
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 Tom McGrath  
Street Address (P.O. Box Number is Not Acceptable)  
754 NW 123 Drive  
City Coral Springs FL Zip Code 33071

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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	<u>PRES.</u> <u>Thomas McGrath</u> <u>754 NW 123rd Dr.</u> <u>Coral Springs FL 33071</u>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>V. Pres</u> <u>Sonia McGrath</u> <u>754 NW 123rd Dr.</u> <u>Coral Springs, FL 33071</u>
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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: Thomas McGrath  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 9542271953  
Date Daytime Phone #

CR2E034B (12/01)