

**2001 UNIFORM BUSINESS REPORT (UBR)**

6/

**FILED**  
**Jul 10, 2001 8:00 am**  
**Secretary of State**

06-20-2001 90125 012 \*\*\*150.00  
 07-10-2001 90004 036 \*\*\*400.00

**DOCUMENT # P00000108567**

1. Entity Name  
**MIKE'S MARINE WORLD, INC.**

Principal Place of Business  
**12401 US HWY 441  
 BELLEVIEW FL 34420**

Mailing Address  
**12401 US HWY 441  
 BELLEVIEW FL 34420**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**59-3682724**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**HAMILTON, LYNN D  
 3985 SW 189 AVE  
 DENNELON FL 34432**

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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (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.

**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 **PRB**  Delete  
 NAME ~~LYNN D. HAMILTON~~  
 STREET ADDRESS ~~3985 SW 189 AVE~~  
 CITY-ST-ZIP ~~DENNELON FL 34432~~

Change  Addition

TITLE  Delete  
 NAME ~~KEVIN D. HAMILTON~~  
 STREET ADDRESS ~~4255 SW 183 TOLL~~  
 CITY-ST-ZIP ~~DENNELON FL 34432~~

Change  Addition

TITLE **PRB**  Delete  
 NAME **LYNN D. HAMILTON**  
 STREET ADDRESS **3985 SW 189 AVE**  
 CITY-ST-ZIP **DENNELON FL 34432**

Change  Addition

TITLE **Sec - TREAS**  Delete  
 NAME **KEVIN D HAMILTON**  
 STREET ADDRESS **4255 SW 183 TOLL**  
 CITY-ST-ZIP **DENNELON FL 34432**

Change  Addition

TITLE  Delete

Change  Addition

TITLE  Delete

Change  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: *Lynn D. Hamilton* **LYNN D. HAMILTON** 531-4 3523-17-5200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)