2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

UNIFORM BUSINESS REPORT (DOCUMENT # P00000113339

1. Entity Name

SOUTHERN MARINE OUTBOARD SERVICES INC.

FILED May 01, 2003 8:00 am Secretary of State

05-01-2003 90305 036 ***150.00

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Principal Place of Business 17500 SW 86TH AVE MIAMI FL 33157		Mailing Address 17500 SW 86TH AVE MIAMI FL 33157				4 (08)(08) (1) (08)(18)(18)(18)(18)(18)(18)(18)(18)		4118 8. 18 41 1 96 1		
2. Principal F	Place of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. F	FEI Number 65-1068059	⊢	oplied For ot Applicable		
Zip	Country	Zip		Country		<u> </u>	Certificate of Status Desired	\$8.75 Ade Fee Require		
	6. Name and Address of Current	Registere	d Agent		7. Name and Address of New Registered Agent					
IADI ONO	IZI IZI IDT	~			Name		general and the second of the		}	
	/ 86TH AVE				Street Address ((P.O. B	lox Number is Not Acceptable)			
Miami Fl	33157								1	
					City		FL	Zip Cod	e	
8. The above the obligat	named entity submits this statement folions of registered agent.	or the purpo	ose of changing its re	egistered	office or register	red age	ent, or both, in the State of Florida. I am	familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if appli	icable. (NOTE: F	Registered A	gent signature required	when rei	einstating) DATE			
\ <u>.</u>		т					1			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							Election Campaign Financing Trust Fund Contribution.	\$5.0 Added	May Be to Fees	
10.	OFFICERS AND		38	11.		<u>_</u> ADI	L DITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11	
TITLE	P		☐ Delete	TITLE				Change	Addition	
NAME	Jablonski, Kurt			NAME					_	
STREET ADDRESS CITY-ST-ZIP	17500 SW 86TH AVE MIAMI FL 33157				ADDRESS				j	
	IMIAMI FE 33 137			CITY-ST	-2117					
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NAME STREET ADDRESS				NAME Street A	LODRESS					
CITY-ST-ZIP				CITY-ST						
40 1 hands		Al- Co Cities	1000							

2. 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 except this report are required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

305-757-7551

Daytime Phone #

R2E034 (10/02)