

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

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90034 041 ***150.00

DOCUMENT # *P01000001695*

1. Entity Name *C MARINE SERVICE*

DO NOT WRITE IN THIS SPACE

00038660

2. Principal Place of Business
2025 NE 33 AVE

3. Mailing Address
2025 NE 33 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Ft Lauderdale FL

City & State
Ft Lauderdale FL

4. FEI Number *130-90-3766*

Applied For
☒ **Not Applicable**

Zip *33305*

Country *USA*

Zip *33305*

Country *USA*

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 *Christopher H Kane*

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

2025 NE 33 AVE

City *Ft Lauderdale*

FL

Zip Code *33305*

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

Christopher H Kane

3/26/02

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.
(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 *Christopher H Kane*
STREET ADDRESS *2025 NE 33 AVE*
CITY - ST - ZIP *Ft Lauderdale FL 33305*

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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)(f), 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:

Christopher H Kane

3/26/02 (561)7581594

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)