

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90672 030 \*\*\*150.00

**DOCUMENT # P01000001930**

1. Entity Name

**MARINEBIDEXCHANGE.COM, INC.**

Principal Place of Business

**1 Las Olas Circle  
Suite 1505  
FORT LAUDERDALE FL 33316**

Mailing Address

**1 Las Olas Circle  
Suite 1505  
FORT LAUDERDALE FL 33316**

2. Principal Place of Business

**954 Nautilus Isle**

3. Mailing Address

**1777 S.E. 15th Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Dania, Florida**

City & State

**Ft. Lauderdale, Florida**

4. FEI Number

**65-1075572**

Applied For

Not Applicable

Zip

**33004**

Country

**Broward**

Zip

**33316**

Country

**Broward**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MURRAY, C. ROBERT JR.  
8300 NW 53RD STREET  
SUITE 300  
MIAMI FL 33166**

7. Name and Address of New Registered Agent

Name

**Murray, C. Robert JR.**

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

**4800 LeJeune Road**

City

**Coral Gables, Florida**

**FL**

Zip Code

**33146**

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

*Charles M. Stephens*

**Charles Stephens, President**

**2-22-02**

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>STEPHENS, CHARLES M</b>	
STREET ADDRESS	<b>1 LAS OLAS CIRCLE SUITE 1505</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33316</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KOSTMAN, ROGER</b>	
STREET ADDRESS	<b>1 LAS OLAS CIRCLE SUITE 1505</b>	
CITY-ST-ZIP	<b>FORT LAUDERDALE FL 33316</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Stephens, Charles, M.</b>	
STREET ADDRESS	<b>954 Nautilus Isle</b>	
CITY-ST-ZIP	<b>Dania, Florida 33004-2356545</b>	
TITLE	<b>Vice-President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Kostman, Roger</b>	
STREET ADDRESS	<b>954 Nautilus Isle</b>	
CITY-ST-ZIP	<b>Dania, Florida 33004-235645</b>	
TITLE	<b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Brizendine, Ashley</b>	
STREET ADDRESS	<b>954 Nautilus Isle</b>	
CITY-ST-ZIP	<b>Dania, Florida 33004-2356545</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 the like empowered.

SIGNATURE: *Charles M. Stephens*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Charles Stephens, President**

**2-22-02**

**954-9217449**

Date

Daytime Phone #

0323210 AV

CR2E034 (9/01)