FILED
Jun 30, 2002 8:00 am
Secretary of State
06-30-2002 90230 045 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000011347

1. Entity Name
SURE STAR MARINE CONSULTANTS, INC.

\\ 0

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2550 SW 18TH TERR #1813 FT LAUDERDALE FL 33315	2550 SW 18TH TERR #1813 FT LAUDERDALE FL 33315

2. Principal Place of Business	3. Mailing Address
117 LAKE Emerald Dr	Sure Star Marine Cons
Suite, Apt. #, etc.: #301	Suite, Apt. #, etc.: #301 117 LAKE Emerald Dr
City & State: OAKLAND PARK	City & State: OAKLAND PARK
Zip: 33309 Country: USA	Zip: 33309 Country: USA

4. FEI Number: 65-1078131 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SCHAFFER, JOHN C
2550 SW 18TH TERR #1813
FT LAUDERDALE FL 33315

7. Name and Address of New Registered Agent
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] President 20 April 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHAFFER, JOHN C 2550 SW 18TH TERR #1813 FT LAUDERDALE FL 33315	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/01)

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: [signature] John Schaffer 20 Apr. 02 954 249 9313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #