

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90046 038 ***158.75

DOCUMENT # P01000051577



1. Entity Name
FORDE MARINE INC.

Principal Place of Business
**2201 SE 18 STREET #113
FT LAUDERDALE FL 33316**

Mailing Address
**2201 SE 18 STREET #113
FT LAUDERDALE FL 33316**



2. Principal Place of Business

2201 SE 18 ST

3. Mailing Address

2201 SE 18 ST

Suite, Apt. #, etc.

113

Suite, Apt. #, etc.

113

City & State

FT L, FL

City & State

FT L, FL

Zip

33316

Country

USA

Zip

33316

Country

USA

4. FEI Number **65-1105904**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FORDE, SCOTT
2201 SE 18 STREET #113
FT LAUDERDALE FL 33316**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **SN [Signature]** **Scott FORDE**

(NOTE: Registered Agent signature required when reinstating)

DATE

1-2-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **FORDE, SCOTT H**
STREET ADDRESS **2201 SE 18TH STREET STE 113**
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SN [Signature] **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-2-03

Date

954 610 3074

Daytime Phone #

CR2E034 (10/02)