

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

04-28-2003 90131 035 ***150.00



FEI 65-1139695



☒ CHECK HERE IF MAKING CHANGES

DOCUMENT # P01000064231 1. Entity Name MARINE BAY INC.			
Principal Place of Business 525 SE FAITH TERR PORT ST LUCIE FL 34983		Mailing Address 525 SE FAITH TERR PORT ST LUCIE FL 34983	
2. Principal Place of Business 3972 Goldenrod Rd #305 Suite, Apt. #, etc. Jensen Beach		3. Mailing Address 3972 Goldenrod Rd #305 Suite, Apt. #, etc. Jensen Beach	
City & State 34957 Martin		City & State Jensen Beach	
Zip 34957		Country Martin	
4. FEI Number 651139695		APPLIED FOR <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHARLES, SCHWAB 10955 HENRYS RD FT PIERCE FL 34945		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GEIGER, MARK 525 SE FAITH TERR PORT SAINT LUCIE FL 34983	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Beiger, Mark 3972 Goldenrod Rd #305 Jensen Beach FL 34983
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF BRANCH OFFICER OR DIRECTOR</small>		4-23-03 772-528-3767 <small>Date Daytime Phone</small>	

CR2F034 (10/02)

55043804

Attachment to # P00006422

Internal Revenue Service

Accounts Management Division I
 Branch II - Teletin Unit
 Stop 751
 PO Box 47421
 Chamblee, GA 30362
 Phone 678-530-7234/7235
 FAX 678-530-6156

Date: September 27, 2001

EMPLOYEE IDENTIFICATION: 0716827072

TO:	MARK GEIGER	FAX:	561-337-7099
FROM:	Accounts Management Division I Teletin Unit	Pages:	1
Company Name	MARINE BAY INC	Employer ID #	65-1139695
Company Name		Employer ID #	
Company Name		Employer ID #	
Company Name		Employer ID #	
Company Name		Employer ID #	
Company Name		Employer ID #	
Company Name		Employer ID #	

This communication is intended for the sole use of the individual to whom it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under the applicable law. If the reader of this communication is not the intended recipient or the employee or agent for delivering the communication to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication may be strictly prohibited. If you have received this communication in error, please notify the sender immediately by telephone and return the communication via fax at the number given. Thank you.