


**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91150 035 \*\*\*158.75

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

<b>DOCUMENT #</b> <u>PO1000067804</u>	
<b>1. Entity Name</b> <u>Marine Industries Inc.</u>	

**DO NOT WRITE IN THIS SPACE**

**90127166**

<b>2. Principal Place of Business</b> <u>1616 SE 10<sup>th</sup> Ave</u> Suite, Apt. #, etc.	<b>3. Mailing Address</b> <u>1616 SE 10<sup>th</sup> Ave</u> Suite, Apt. #, etc.
<b>City &amp; State</b> <u>Fort Lauderdale, FL</u>	<b>City &amp; State</b> <u>Fort Lauderdale, FL</u>
<b>Zip</b> <u>33316</u>	<b>Country</b> <u>USA</u>
<b>Zip</b> <u>33316</u>	<b>Country</b> <u>USA</u>

DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> <u>65-1012232</u>	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>DO NOT WRITE IN THIS SPACE</b>	<b>7. Name and Address of Current Registered Agent</b>	
	<b>Name</b> <u>Justin Blue</u>	
	<b>Street Address (R.O. Box Number is Not Acceptable)</b> <u>1770 NE 12 ST</u>	
	<b>City</b> <u>Fort Lauderdale</u>	<b>Zip Code</b> <u>FL 33304</u>

**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** Justin Blue **President + CEO** **DATE** 4/30/03

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> <u>President + CEO</u>	<b>TITLE</b>	<b>DO NOT WRITE IN THIS SPACE</b>	
<b>NAME</b> <u>Justin Blue</u>	<b>NAME</b>		
<b>STREET ADDRESS</b> <u>1770 NE 12 ST</u>	<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b> <u>Fort Lauderdale, FL 33304</u>	<b>CITY-ST-ZIP</b>		
<b>TITLE</b> <u>Vice President</u>	<b>TITLE</b>	<b>DO NOT WRITE IN THIS SPACE</b>	
<b>NAME</b> <u>Ron McTighe</u>	<b>NAME</b>		
<b>STREET ADDRESS</b> <u>1219 Cordova Rd</u>	<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b> <u>Fort Lauderdale, FL 33316</u>	<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>TITLE</b>	<b>DO NOT WRITE IN THIS SPACE</b>	
<b>NAME</b>	<b>NAME</b>		
<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>		
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<b>STREET ADDRESS</b>	<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>	<b>CITY-ST-ZIP</b>		

**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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:** Justin Blue **President + CEO** **DATE** 4/30/03 **Daytime Phone #** 954 779 1094

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)