


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/28

**FILED**  
**May 21, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90159 040 \*\*\*150.00

<b>DOCUMENT #</b> P01000088717	
<b>1. Entity Name</b> S & J MARINE, INC.	

<b>Principal Place of Business</b> 701 US HIGHWAY ONE SUITE 402 NORTH PALM BEACH FL 33408	<b>Mailing Address</b> 701 US HIGHWAY ONE SUITE 402 NORTH PALM BEACH FL 33408
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<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

65-0863754

<b>4. FEI Number</b>	<b>APPLIED FOR</b>	Applied For
		Not Applicable

<b>5. Certificate of Status Desired</b>	<input type="checkbox"/> \$8.75 Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
SMITH, LAWRENCE W 701 US HIGHWAY ONE SUITE 402 NORTH PALM BEACH FL 33408	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.**

<b>SIGNATURE</b>	(NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
<b>TITLE</b>	<b>PD</b>	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>LIZZA, SCOTT J</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>701 US HIGHWAY ONE SUITE 402</b>	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>NORTH PALM BEACH FL 33408</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>SD</b>	<b>TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>SANTORO, JENNIFER T</b>	<b>NAME</b>	<b>Jennifer Santoro Lizza</b>
<b>STREET ADDRESS</b>	<b>701 US HIGHWAY ONE SUITE 402</b>	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<b>NORTH PALM BEACH FL 33408</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<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 Block 11 if changed, or on an attachment with an address, with all other like empowered.**

<b>SIGNATURE:</b>		<b>4/22/03</b>	<b>3616302887</b>
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>		<b>Date</b>	<b>Daytime Phone #</b>

CR2E034 (10/02)