

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-23-2002 90396 028 ***150.00

DOCUMENT # P01000096982

1. Entity Name
MARINEREPOS.COM, INC.

Principal Place of Business
2711 MARINA CIRCLE
LIGHTHOUSE POINT FL 33064

Mailing Address
2711 MARINA CIRCLE
LIGHTHOUSE POINT FL 33064

89338



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2711 Marina Circle
 Suite, Apt. #, etc.

3. Mailing Address
2711 Marina Circle
 Suite, Apt. #, etc.

City & State
Lighthouse Point, FL 33064
 Zip
33064
 Country
USA

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Lighthouse Point, FL 33064
 Zip
33064
 Country
USA

4. FEI Number
60-0835760

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

RUBIN, STEVEN D
980 NORTH FEDERAL HWY STE 434
BOCA RATON FL 33432

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, 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

TITLE **D** ☐ Delete
 NAME **TRAVIS, CRAIG R**
 STREET ADDRESS **2711 MARINA CIRCLE**
 CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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:

Craig R. Travis, President
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/02 (941) 943-1722
 Date Daytime Phone #

CR2E034 (9/01)