FILED **Secretary of State**

Feb 20, 2002 8:00 am

02-20-2002 90077 007 ***150.00

ncipal Place of Business Mailing Address 301 SE 14TH AVE. 2ND FL 1606 SE 14TH ST 80029794 T LAUDERDALE FL 33316 FT LAUDERDALE FL 33316 Principal Place of Business 3. Mailing Address P.O. BOX 460418 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 80-000 2240 LAUDERDALE Not Applicable Zip Country Zin \$8.75 Additional 5. Certificate of Status Desired 33346 - <u>0418</u> Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TANSEY, RALPH M Street Address (P.O. Box Number is Not Acceptable) 1606 SE 14TH ST FT LAUDERDALE FL 33316 Zip Code 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. IGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TLE ☐ Delete TITLE Addition CR2E034 (9/01 AMF NAME FRYDENBORG, CARSTEN F TREET ADDRESS STREET ADDRESS 1515 E BROWARD BLVD, APT #219 ITY-ST-ZIP FT LAUDERDALE FL 33301 CITY-ST-ZIP İTLE ☐ Delete Addition TITLE ☐ Change ÎAME NAME MOELLER, CLAUS TREET ADDRESS STREET ADDRESS 1515 E BROWARD BLVD, APT #219 ITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33301 ÎTLE Delete SUCRETARY AND TREASURER Change ~ [__ `Addition TITLE IAME NAME RANSEY, RALPH M TREET ADDRESS STREET ADDRESS 1606 SE 14TH ST ITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33316 ITLE Delete TITI F ☐ Change ☐ Addition VAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

2002 UNIFORM BUSINESS REPORT (UBR)

P01000120037

OCUMENT #

ECHMARINE, INC.

Entity Name

13. Thereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

ÎITLE

NAME

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