2002 UNIFORM BUSINESS REPORT (UBR)

May 30, 2002 8:00 am Secretary of State P01000120296 DOCUMENT # 05-05-2002 90074 018 ***150.00 1. Entity Name AMERICAN MARINE UNLIMITED, INC. Principal Place of Business Mailing Address 90173 NORTHMARK BLDG STE 101 33 NE 2 ST NORTHMARK BLDG STE 101 33 NE 2 ST FT LAUDERDALE FL 33301 FT LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address 4111 S.W. 47th Ave 4111 S.W. 47th Ave. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 325 Suite 325 City & State City & State 4. FEI Number Applied For Ft. Lauderdale, Ft. Lauderdale,Fl 65-1160018 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 33314 П 33314 Broward Broward Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Janie O. Hodder MARSHALL BROWN, DAVID ESQ Street Address (P.O. Box Number is Not Acceptable) NORTHMARK BLDG STE 101 33 NE 2 ST FT LAUDERDALE FL 33301 Suite 325 Ft. <u>Lauderdale</u> 8. The above named entity mits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Janie O. Hodder SIGNATURE President April 11,2002 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) 👃 Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE President ☐ Delete TITLE (9/01) ☐ Channe ☐ Addition NAME Janie O. Hodder NAME STREET ADDRESS 4111 S.W. 47th Ave Ste 325 STREET ADDRESS **CR2E034** CITY-ST-ZIF CITY-ST-ZIP Ft. Lauderdale, Fl33314 TILE Vic President ☐ Delete TITLE ☐ Change ■ Addition NAME Jennifer A. Hodder NAME STREET ADDRESS STREET ADDRESS 4111 S.W. 47th Ave Ft. Lauderdale, FI CITY - ST-ZIE CITY-ST-ZIP TITLE . Delete_ IIILE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS C)TY-ST-7IE CITY-ST. 7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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 trusted 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.

Janie

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Hodder President April 11,2002

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