

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90297 026 ***150.00

DOCUMENT # P02000003353



1. Entity Name
DA CAT MARINE, INC.

Principal Place of Business
C/O ~~PAUL D. SCHULZ CPA~~ John Bollman
1724 S NOVA RD
S DAYTONA FL 32119-1728

Mailing Address
C/O ~~PAUL D. SCHULZ CPA~~ John Bollman
1724 S NOVA RD
S DAYTONA FL 32119-1728



2. Principal Place of Business
6750 Turtle mound Rd.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1404
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
New Smyrna Bch, FL

City & State
New Smyrna Bch, FL

Zip
32169-4913

Country
USA

Zip
32170-1404

Country
USA

4. FEI Number
80-0025087

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
SCHULZ, PAUL D
1724 S NOVA RD
S DAYTONA FL 32119-1728

7. Name and Address of New Registered Agent
Name
John A. Bollman
Street Address (P.O. Box Number is Not Acceptable)
6750 Turtle mound Rd.
City
New Smyrna Bch FL Zip Code
32169-4913

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 X John A. Bollman, Pres. 1/31/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary SCHULZ, PAUL D 1724 S NOVA RD S DAYTONA FL 32119-1728 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, President, Treasurer BOLLMAN, JOHN A 6750 TURTLEMOUND RD NEW SMYRNA BCH FL 32169 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Add) President, Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: X John A. Bollman, Pres. 1/31/03 (386) 409-8314
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)