

2003 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2003 8:00 am
Secretary of State

05-23-2003 90150 033 ***150.00

DOCUMENT # P02000027078

1. Entity Name

DHL MARINE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

c/o Acctg & Bus Cnslts

Suite, Apt. #, etc.
1535 SE 17th St #206

City & State
Fort Lauderdale, FL

Zip 33316 Country USA

3. Mailing Address

c/o Acctg & Bus Cnslts

Suite, Apt. #, etc.
1535 SE 17th St #206

City & State
Fort Lauderdale, FL

Zip 33316 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

02-0564446

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Linebaugh, David H

Street Address (P.O. Box Number is Not Acceptable)
1840 SW 23rd Ave

City Fort Lauderdale FL Zip Code 33312

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 DP
NAME Linebaugh, David H
STREET ADDRESS 1840 SW 23rd Ave
CITY-ST-ZIP Fort Lauderdale, FL 33312

TITLE D
NAME Linebaugh, Stacie D
STREET ADDRESS 1840 SW 23rd Ave
CITY-ST-ZIP Fort Lauderdale, FL 33312

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 20, 2003

Date

Daytime Phone #

CR2E034B (12/01)