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

## P02000028619 **DOCUMENT#**



FILED
Mar 19, 2003 8:00 am
Secretary of State

SUPREME MARINE REPAIR & SERVICE, INC.					03-19-2003 90091 027 ***150.00				
Principal Place of Business  391 SE 13 AVE  POMPANO BCH FL 33060  Mailing Address  391 SE 13 AVE  POMPANO BCH FL 33060					T PERIORN NU RRIVE NUOVENNI REVIL ROM	<b>     </b>	1811 <b>3 8</b> 1181	1( <b>1</b> (1) (1) (1) (1)	
Principal Place of Business     3. Mailing Address				_					
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Zip			try	- 1	-	\$8.75 Additional Fee Required			
Current Register	ed Agent		No.	7.	Name and Address of New Regist	ered Ag	ent		╛
			Name		•				
SMITH, PAUL B 391 SE 13 AVE			Street Address	s (P.O. E	Box Number is Not Acceptable)		,		7
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ment for the purp	oose of changing its	registere	d office or regist	ered an	gent or both in the State of Florida	1			4
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	Olicable. (NOTE	E: Registered	Agent signature requir	red when re	reinstating)	DATE			_
50.00					Election Campaign Financir     Trust Fund Contribution.	g 🗆			
OFFICERS AND DIRECTORS  D Solete		11.		AD	DDITIONS/CHANGES TO OFFICERS	S AND DI	RECTORS	3 IN 11	-
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D Delete SMITH, FANNIE E.R. 391 SE 13 AVE POMPANO BCH FL 33060				<u> </u>			Change	Addition	100
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	Maili 391 : POMI  3. Me  Sui  City  Zip  Current Register  ament for the purp  red agent and title if app  00 50.00 nent of State	Mailing Address 391 SE 13 AVE POMPANO BCH FL 33060  3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip  Current Registered Agent  ment for the purpose of changing its  red agent and title it applicable. (NOTI)  00 150.00 nent of State  S AND DIRECTORS  Delete  Delete	Mailing Address 391 SE 13 AVE POMPANO BCH FL 33060  3. Mailing Address Suite, Apt. #, etc.  City & State  Zip Count  Current Registered Agent  Tred agent and title if applicable. (NOTE: Registered Agent of State)  SAND DIRECTORS  11.  Delete TITLE NAME STREET CITY-S  Delete	Mailing Address 391 SE 13 AVE POMPANO BCH FL 33060  3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country  Durrent Registered Agent  Name Street Address  City  In the purpose of changing its registered office or registered agent signature requisions of the purpose of changing its registered Agent signature requisions of the purpose of changing its registered Agent signature requisions of the purpose of changing its registered Agent signature requisions of the purpose of changing its registered Agent signature requisions of the purpose of changing its registered Agent signature requisions of the purpose of changing its registered Agent signature requisions of the purpose of changing its registered Agent signature requisions of the purpose of changing its registered Agent signature requisions of the purpose of changing its registered Agent signature requisions of the purpose of changing its registered Agent signature requisions of the purpose of changing its registered Agent signature requisions of the purpose of changing its registered Agent signature requisions of the purpose of changing its registered Agent signature requisions of the purpose of changing its registered Agent signature requisions of the purpose of changing its registered Agent signature requisions of the purpose of changing its registered Agent signature requisions of the purpose of changing its registered Agent signature requisions of the purpose of changing its registered Agent signature requisions of the purpose of changing its registered Agent signature requisions of the purpose of changing its registered Agent signature requisions of the purpose of changing its registered Agent signature requisions of the purpose of changing its registered Agent signature requisions of the purpose of changing its registered Agent signature requisions of the purpose of changing its registered Agent signature requisions of the purpose of changing its registered Agent signature requisions of the purpose of changing its registered Agent signature	Mailing Address 391 SE 13 AVE POMPANO BCH FL 33060  3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip  Country  5.  City  Tity  City  City  City  Title  NAME  STREET ADDRESS  CITY-ST-Zip  Delete  STREET ADDRESS  CITY-ST-Zip  Delete  STREET ADDRESS  CITY-ST-Zip  Delete  STREET ADDRESS  CITY-ST-Zip  STREET ADDRESS  CITY-ST-Zip  Delete  STREET ADDRESS  CITY-ST-Zip  Delete  STREET ADDRESS  CITY-ST-Zip  STREET ADDRESS	Mailing Address  39 SE 13 AVE POMPANO BCH FL 33080  3. Mailing Address  Surte, Apt. #, etc.   Check HeRe IF M.  City & State   4. FEI Number   STeel Address of New Regist  Power of Agent   7. Name and Address of New Regist  Name   Street Address (P.O. Box Number is Not Acceptable)  City  City  Mailing Address   Name   Street Address of New Regist  Name   Street Address (P.O. Box Number is Not Acceptable)  City  Mailing Address   Name   Street Address of New Regist  Name   Street Address (P.O. Box Number is Not Acceptable)  City  Mailing Address   Name   Street Address of New Regist  Name   Street Address (P.O. Box Number is Not Acceptable)  City  City  Mailing Address   Name   Street Address of New Regist  Name   Street Address of New Regist  Name   Street Address (P.O. Box Number is Not Acceptable)  Position Campaign Financian   Name   Street Address of New Regist  Make   Street Address   Stre	Mailing Address 381 SE 13 AVE POMPANO BCH FL 33060  3. Mailing Address  Suite, Apt. #, etc.   CHECK HERE IF MAKING C  City & State   4. FEI Number   Street Address of New Registered Age  To Country   5. Certificate of Status Desired   \$6 Fe  Street Address (R.O. Box Number is Not Acceptable)  City   FL    Warne   Street Address (R.O. Box Number is Not Acceptable)  City   FL    Warne   Street Address (R.O. Box Number is Not Acceptable)  Desire   NoTE Registered Agent signature regulate when renstating)   OATE    OB 50.00   9. Election Campaign Financing   Trust Fund Contribution.   Check    MAKE   STREET ADDRESS   CHY ST-272      Delete   TILE   NAME   STREET ADDRESS    CHY ST-272   CHECK   CHE	Mailing Address  Set 13 AVE POMPANO BOH FL 20000    A Mailing Address	Maliforg Address 381 SE 13 AVE POMPANO BCH FL 30000  3. Malling Address  Suite, Apt #, etc.   CHECK HERE IF MAKING CHANNES  City & State   4. FEI Number

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 impowered.

SIGNATURE:

9548156176 Daytime Phone #