2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P02000037678 1. Entity Name
DEBAYLO MARINE INC. Principal Place of Business Mailing Address REINSTATEMENT P.O. BOX 66495 P.O. BOX 66495 ST PETE BEACH, FL 33736 ST PETE BEACH, FL 33736 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 04-3639887 Not Applicable Zip Country Zìp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DEBAYLO, GARY R 6302 - 9TH AVE SOUTH Street Address (P.O. Box Number is Not Acceptable) GULFPORT, FL 33707 City Zin Code 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE Regisared Agents ignature required when reinsteing) DATE 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Food OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete BARE C trange ☐ Addition CR2E034 (10/02) DEBAYLO, GARY R NAME 10/28/03-07035-5 6302 - 9TH AVE 90 STREET ADDRESS STREET AUDRESS GULFPORT, FL 33707 CITY-ST-7P Cify-St-7iP TITLE Change ☐ Delete ☐ Addition DEBAYLO, GEORGE J JR. NAMÉ STREET ADDRESS 8518 - BAY SHORE RD. STREET ADDRESS CITY-S1-2P PALMETTO, FL 34221 CITY-ST-ZIP ... Delete TOLE Change Addition NAME STREET ADDRESS STREET ADDRESS CHY-S1-2P COV-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-Z:P Change ☐ Addition Delete TALE NAME STREET ADDRESS STREET ADDRESS JITY-ST-ZP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CAY-ST-ZIP JITY-51-7P

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 stgnature 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 addre th all other like empowe

SIGNATURE:

10.

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

HILE

NAME

SKINATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(727) 347-0234

## Accounting Solutions, Inc.

October 23, 2003

6680 Gulf Boulevard 5t. Pete Beach, FL 33706 Phone (727) 367-1800 Fax (727) 367-3900

Division of Corporations
Annual Report / Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

Dear Sir/Madam:

Debaylo Marine, Inc. has recently retained my services for bookkeeping and tax services.

As I was sorting through the various documents released from the prior accounting firm, I came across enclosed generated copy of the 2003 Uniform Business Report. After contacting Debaylo Marine to insure prior compliance, it was discovered that a Notice of Administrative Dissolution or Revocation had just been received as well.

Enclosed is a check for the original \$150.00 with the completed form. It would be sincerely appreciated if the State would accept this filing as timely. Mr. Debaylo is the sole shareholder of Debaylo Marine, Inc., a very business just established in 2002. I have made Mr. Debaylo aware of the filing requirements and you are assured of timely filings in the future.

There was a discrepancy in which it was believed that the former bookkeeper was advising Debaylo Marine of the necessary requirements.

Thank you for your time. Any consideration will be greatly appreciated.

sincerely,

Patti Brown-Chlapowski

Represenative

Member: National Association of Tax Professionals