

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


FILED
Jun 11, 2003 8:00 am
Secretary of State

5/17

05-01-2003 90404 042 ***150.00

DOCUMENT # P02000065040 *L*

1. Entity Name
LENDERS MARINE SERVICES INC.



Principal Place of Business
**2780 CHERYL STREET
MATLACHA FL 33993**

Mailing Address
**2780 CHERYL STREET
MATLACHA FL 33993**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State

Zip Country Zip Country

4. FEI Number **91-1761-778** Applied For
Not Applicable

6. Name and Address of Current Registered Agent
**BAUMHOEFENER, JOHN
2780 CHERYL STREET
MATLACHA FL 33993**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **Matlacha** FL Zip Code **33993**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

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	P	<input checked="" type="checkbox"/> Delete
NAME	BAUMHOEFENER, JOHN	
STREET ADDRESS	2780 CHERYL STREET	
CITY-ST-ZIP	MATLACHA FL 33993	
TITLE	V	<input type="checkbox"/> Delete
NAME	BAUMHOEFENER, SCOTT	
STREET ADDRESS	2780 CHERYL STREET	
CITY-ST-ZIP	MATLACHA FL 33993	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HUNT, DAVID	
STREET ADDRESS	3525 EDISON	
CITY-ST-ZIP	MILWAUKYV OR 97222	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO, President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Scott Baumhoefener	
STREET ADDRESS	2780 Cheryl St. Matlacha FL	
CITY-ST-ZIP	33993	
TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James Rogicki	
STREET ADDRESS	4619 SENABS	
CITY-ST-ZIP	Milwaukee OR 97267	
TITLE	ST.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Scott A Baumhoefener* **SCOTT A BAUMHOEFENER** **33993**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)