

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) 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	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BAUMHOEFENER, JOHN</b>	
STREET ADDRESS	<b>2780 CHERYL STREET</b>	
CITY-ST-ZIP	<b>MATLACHA FL 33993</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>BAUMHOEFENER, SCOTT</b>	
STREET ADDRESS	<b>2780 CHERYL STREET</b>	
CITY-ST-ZIP	<b>MATLACHA FL 33993</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>HUNT, DAVID</b>	
STREET ADDRESS	<b>3525 EDISON</b>	
CITY-ST-ZIP	<b>MILWAUKYV OR 97222</b>	
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	<b>CEO, President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Scott Baumhoefener</b>	
STREET ADDRESS	<b>2780 Cheryl St. Matlacha FL</b>	
CITY-ST-ZIP	<b>33993</b>	
TITLE	<b>V.P.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>James Rogicki</b>	
STREET ADDRESS	<b>4619 SENABS</b>	
CITY-ST-ZIP	<b>Milwaukee OR 97267</b>	
TITLE	<b>ST.</b>	<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* SIGNATURE REQUIRED **Scott A Baumhoefener (339) 2828233**  
Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (10/02)