

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90226 008 ***150.00

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DOCUMENT # P02000070611

1. Entity Name
CARY MARINE, INC.



Principal Place of Business
6306 NW 73RD AVENUE
TAMARAC FL 33321

Mailing Address
6306 NW 73RD AVENUE
TAMARAC FL 33321

11034741



2. Principal Place of Business
1250 E. Hallandale Beach Blvd

3. Mailing Address
1250 E. Hallandale Beach Blvd

Suite, Apt. #, etc.
Suite 300

Suite, Apt. #, etc.
Suite 300

☒ CHECK HERE IF MAKING CHANGES

City & State
Hallandale Beach, FL

City & State
Hallandale Beach, FL

4. FEI Number
37-1434177

Applied For
☐ Not Applicable

Zip
33009

Country
USA

Zip
33009

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ZELMER, DIANE J
6306 NW 73RD AVENUE
TAMARAC FL 33321

7. Name and Address of New Registered Agent

Name Launer, Blanche S
Street Address (P.O. Box Number is Not Acceptable)
1250 E. Hallandale Beach Blvd. Suite 300
City Hallandale Beach **FL** **33009**

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 *Blanche S. Launer*
Signature, typed or printed name of registered agent and title if applicable.

4/30/03

(NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	ZELMAR, ROBERT R	
STREET ADDRESS	6306 NW 73RD AVENUE	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE	DTS	<input checked="" type="checkbox"/> Delete
NAME	ZELMER, DIANE J	
STREET ADDRESS	6306 NW 73RD AVENUE	
CITY-ST-ZIP	TAMARAC FL 33321	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	Chairman/CEO/Pres/AT/AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nestor, Brenda	
STREET ADDRESS	1250 E. Hallandale Beach Blvd. Suite 300	
CITY-ST-ZIP	Hallandale, FL 33009	
TITLE	VP/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Launer, Blanche S	
STREET ADDRESS	1250 E. Hallandale Beach Blvd. Suite 300	
CITY-ST-ZIP	Hallandale, FL 33009	
TITLE	Vice Chair/EXVP/AT/AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Colvin, Melvin	
STREET ADDRESS	1250 E. Hallandale Beach Blvd. Suite 300	
CITY-ST-ZIP	Hallandale, FL 33009	
TITLE	CFO/AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McGann, Edward T.	
STREET ADDRESS	1250 E. Hallandale Beach Blvd. Suite 300	
CITY-ST-ZIP	Hallandale, FL 33009	
TITLE		<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: *Blanche S. Launer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03 954-458-4343

Date Daytime Phone #

CR2E034 (10/02)