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

DOCUMENT

P02000071558

1. Entity Name SUNBELT MARINE, INC.



Principal Place of Business 3421 BEACON STREET POMPANO BEACH FL 33062

2. Principal Place of Business

Suite, Apt. #, etc.

BLDING

City & State

onag mog

750 E SAMPLE KD PO

Mailing Address 3421 BEACON STREET POMPANO BEACH FL 33062

3. Mailing Address 750

Suite, Apt. #, etc.

BLDING

POM PANO

City & State

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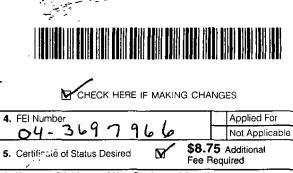
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350-CH

Apr 21, 2003 8:00 am Secretary of State
04-21-2003 90423 040 ***158.75

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3306	4	Country Zip 33064 Cou		Country	5. (5. Certificaté of Status Desired S \$8.75 Adr Fee Require			ditional d		
6. Name and Address of Current Registered Agent						75.1	Name and Address of New Registered Agent				
BLOOM, HERBERT					.=- Name -	Name					
3421 BEACON STREET					Street A	Street Address (P.O. Box Number is Not Acceptable)					
·											
POMPANO BEACH FL 33062											
THE ST.					City	FL Zip Code					
 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. 											
the congations of registered agent.											
SIGNATURE											
Signature, typed or printed name of registered agent and title if applicable. (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 Trust Fund Contribution. Added to Fees				
10.		OFFICERS AND D	IRECTO	RS	11.	AD	DITIONS/CHANGES TO OFFIC	CERS AND (DIRECTOR	S IN 11	
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12. I hereby certify that the information supplied with this filling 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.

954-943-5339

Daytime Phone #