

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90310 003 ***150.00

0007334 AT

DOCUMENT # P02000127726

1. Entity Name

CASSANDRA MARINE 14, INC.



Principal Place of Business

C/O KURT BOSSHARDT & ASSOCIATES, P.A.
1600 SE 17 STREET SUITE 405
FORT LAUDERDALE FL 33316

Mailing Address

C/O KURT BOSSHARDT & ASSOCIATES, P.A.
1600 SE 17 STREET SUITE 405
FORT LAUDERDALE FL 33316



2. Principal Place of Business

WATERWAYS MARINA

3. Mailing Address

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

AVENUE FL

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

33280

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTINI, GREGORY T ESQ
2655 LEJEUNE ROAD SUITE 1101
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name PETER P. KELLEY
Street Address (P.O. Box Number is Not Acceptable)
SUITE 405
1600 SE 17TH ST CALESSWAY
City FT LAUDERDALE FL 33316

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

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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BLACKLEDGE, PHILIP S 1600 SE 17TH STREET #405 FORT LAUDERDALE FL 33316 | <input type="checkbox"/> Delete |
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03 (854) 764 7772

Date

Daytime Phone #

CR2E034 (10/02)