

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-25-2003 90223 047 ***150.00

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DOCUMENT # P02000127733

1. Entity Name

CASSANDRA MARINE 15, INC.



Principal Place of Business

C/O KURT BOSSHARDT & ASSOCIATES PA
1600 SE 17 STREET SUITE 405
FORT LAUDERDALE FL 33316

Mailing Address

C/O KURT BOSSHARDT & ASSOCIATES PA
1600 SE 17 STREET SUITE 405
FORT LAUDERDALE FL 33316

11016104



2. Principal Place of Business

WATERWAYS MARINA

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

AVENTURA FL

City & State

Zip

33380

Country

USA

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

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 STREET CAESSEWAY

City

FT LAUDERDALE

FL

Zip Code

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

Peter P. Kelley 4/23/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D. BLACKLEDGE, PHILIP S
1600 SE 17TH STREET #405
FORT LAUDERDALE FL 33316

☐ Delete

TITLE
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03

(954) 764 7772

Date

Daytime Phone #

CR2E034 (10/02)