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

## FILED Feb 02, 2004 8:00 am Secretary of State 02-02-2004 90019 027 \*\*\*150.00

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1. Entity Name

KAPPE MARINE OU



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						24005	658	
Principal Place of Business     3. Mailing Address				: 5/		<b>5100</b>		
	205 5 // Suite Apt. #, etc. Suite Apt. #, etc.				DO NOT WRIT	E IN THIS SP	ACE	
					4.55(1)			
City & State		SMYRNI	9 1=4	4. FEI Number 05-05-86/72	_	Applied For Not Applicable		
Zip 3216	Country	Zip 32/69	Count	ry USIA	5. Certificate of Status Desired	□ \$	8.75 Additional se Required	
2616	9 VOLUSIA	<i>/=</i> /-			7. Name and Address of Current		i	
	DO NOT W	DITE		Name ART	HUR J KAPPELE			
	DO NOT W			Street Address (I	P.O. Box Number is Not Acceptable)  5 PINE ST			
	IN THIS SP	ACE						
				City NEW	SMYRNA	FL	Zip Code 32/69	
	named entity submits this statement fo	r the purpose of char	nging its registere					
the obligati	ions of registered agent.	, ,			•			
SIGNATURE .	Signature, typed or printed name of egistered agent	and the if applicable	(NOTE: Registered	Agent signature required	when reinstating)	DATE		
	nuary 1 - May 1. Fee is \$150.00		<u> </u>		9. Election Campaign Fin.		¢= 00	
•	After May 1, Fee is \$550.00 Amended UBR is \$61.25				Trust Fund Contribution		<b>\$5.00</b> May Be Added to Fees	
Make Check 10.	Payable to Florida Department of OFFICERS AND	Contraction of the contraction o						
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12. Thereby o	certify that the information supplied with	this filing does not a	ualify for the exer	notion stated in Se	ection 119.07(3)(i). Florida Statutes.	I further certif	v that the information	

The Large Property and the information supplied with this limity 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 on an attachment with an address, with all other like empowered.

386-426-8851