FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

UNIFORM BUSINESS REPORT (UBR)				SECRETARY O) 	
DOCUMENT # P04000011818				SECRETARY O	r SIATE PRATIONS	
1. Entity Name				OG MAR IO PA	4 1	
ARIE MARINE ELECT	RIC CORPORATION	1			1 4: 4 [
אַטט	OI WRIIE	in this s	PACE			
2. Principal Place of Business 3. Mailing Address						
541 W BRANCH ST Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number Applied For		
LANTANA, FL	1	-	1 0 11	20-0626018	Not Applicable	
Zip 33462	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
			* [*] *] * [*] * [*] *] *]	me and Address of Current Regis	stered Agent	
DO NOT WRITE			Name Aart Van Hooren			
				Street Address (P.O. Box Number is Not Acceptable) 541 West Branch Street		
	N THIS SF	AUE				
			City	FL	Zip Code	
8. The above named	l entity submits this s	tatement for the purpos	Lantana se of changing its regi	stered office or registered agent, o	33462 r both, in the	
State of Florida. I	am familiar with, and	accept the obligations	of registered agent.		·	
SIGNATURE		of registered agent and title if a	oppliesble (NOTE: Basis	stered Agent signature required when reinstati	ng) DATE	
January 1	- May 1 Fee is \$150	00	applicable. (NOTE: Regis		5/	
After May 1, Fee is \$550.00 Amended UBR is \$61.25				9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
Make Check Payabl	e to Florida Departn	nent of State ND DIRECTORS	11.			
TITLE	President	IND DIRECTORS	TITLE			
NAME STREET ADDRESS	Aart VanHooran 541 W. Branch Street		NAME STREET ADDRES	s .7000681118 #20260127020	97	
CITY-ST-ZIP TITLE	Lantana, FL 33462 Vice President		CITY-ST-ZIP TITLE	03/20/0601027020	**150.00	
NAME	Christine VanHooran		NAME			
STREET ADDRESS CITY-ST-ZIP	541 W. Branch Street Lantana, FL 33462		STREET ADDRES CITY-ST-ZIP	8		
TITLE			TITLE			
NAME STREET ADDRESS			NAME STREET ADDRES	s DO NOT V	VDITE	
CITY-ST-ZIP TITLE			CITY-ST-ZIP TITLE			
NAME			NAME STREET ADDRES	。 IN THIS SI		
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	3		
TITLE NAME			TITLE NAME			
STREET ADDRESS			STREET ADDRES	S		
TITLE			CITY-ST-ZIP TITLE			
NAME STREET ADDRESS			NAME STREET ADDRES	S		
CITY-ST-ZIP	the information complies	Ludth this files does set	CITY-ST-ZIP	stated in Section 119.07(3)(i), Florida S	tatutas I furthas	
certify that the inform	nation indicated on this	report or supplemental re	port is true and accurate	and that my signature shall have the s	ame legal effect	
				tee empowered to execute this report a th an address, with all other like empow		
	1/1	•	~	,		
SIGNATURE:		v. U. Aart VanHoore			561) 586-5400	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #						