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

FILED Apr 11, 2005 8:00 am Secretary of State 04-11-2005 90165 008 ***158.75

DOCUMENT # P04000018134

DBA/PETE'S MARINE SALES AND SERVICE



DO NOT WRITE IN THIS SP	ACE	
2. Principal Place of Business Richard Beal Blue 8005.C	halles Richard Be	eall Blud.
Suite, Apt. #, etc. Sいたもり Suite, Apt. #, etc.	\mathcal{D}	DO NOT WRITE IN THIS SPACE
DEBARY FLORIDA DEBARY	FLORIDA	4. FEI Number
32713 Volusia 32713	Volusia	5. Certificate of Status Desired \$8.75 Additional Fee Required
DO NOT WRITE	Name Ke	7. Name and Address of Current Registered Agent 20 Seibel 20. Box Number is Not Acceptable)
in this space	800 8	Charles Richard Beall Blud.
	City Deb	FL ZipCoden 13
 The above named entity submits this statement for the purpose of changing its r the obligations of registered agent. 	egistered office or registere	ed agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE Kelly Sue Seiber	Registered Agent signature required	when reinstating) 3/2/05
January 1 - May 1 Fee Is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Fiorida Department of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.
10. OFFICERS AND DIRECTORS		
PRESIDENT NAME PETER LYNCH NO. 1101	TITLE NAME	
STREET ADDRESS 200 5. Charles Kichard Deall Di	STREET ADDRESS CITY-ST-ZIP	
THE SECEPTARY-TREASURE	TILE	750
STREET ADDRESS 800 S. Charles Richard Beall Blue	NAME STREET ADDRESS	5
DEBARY I-L 39,113	000 000	
TITLE NAME	TITLE NAME	
STREET ADDRESS CITY-ST-ZIP	STBEET ADDRESS.	DO NOT WRITE
TITLE	TIFLE	in this space
NAME STREET ADDRESS	NAME STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	
TITLE NAME	TITLE NAME	
STREET ADDRESS	STREET ADDRESS	
CITY- S1-ZIP	CITY- ST- ZIP	
TITLE	TITLE NAME	
NAME STREET ADDRESS	STREET ADORESS	
CITY-ST-ZIP	CRY-ST-ZIP	
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 supplymental 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 receive) or trustee empowered to exclude 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 empoyaged.		
SIGNATURE: SIGNATURE AND TYPED OIL PRIN NEW JAME OF SIGNING OFFICER OR DIRECTOR 3/3/05 386-668-3636		