

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90336 014 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000073222

1. Entity Name
MARINE PRODUCTS & SERVICES, INC.



Principal Place of Business
1622 TURNBURY OAK DR
ODESSA, FL 33556 US

Mailing Address
1719 SPLIT FORK DR.
OLDSMAR, FL 34677 US

2. Principal Place of Business

3. Mailing Address

16222 Turnbury Oak Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
ODESSA, FL

4. FEI Number

59-3206984

Applied For

Not Applicable

Zip

Country

Zip
33556

Country

Hillsborough

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EATON, DENNIS R
16222 TURNBERRY OAK DR
ODESSA, FL 33556

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 resigning)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$650.00

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
PVST
EATON, DENNIS R
1719 SPLIT FORK DR.
OLDSMAR, FL 34677

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P, V, T
DENNIS R. Eaton
16222 TURNBURY OAK DR.
ODESSA, FL 33556

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECURITIES
LISA B. PRESNALL
2042 3RD AVE. NORTH
ST. PETERSBURG, FL 33716

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change

Addition

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

Date

Daytime Phone #

DENNIS R. Eaton

4-7-03

813-792-8521

CR21-034 (10/02)