2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State
03-24-2003 91021 001 ***150.00

DOCUMENT # P93000073659

1. Entity Name
GUTHRIE MARINE, INC.

Principal Place of Business	Mailing Address
2112 SW 12TH TERRACE FT LAUDERDALE FL 33315 US	1323 SE 17 ST #649 FT LAUDERDALE FL 33316

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
	1323 SE 17th St.
Suite, Apt. #, etc.	Suite, Apt. #, etc. PMB 649
City & State	City & State Ft Lauderdale FL
Zip / Country	Zip / Country 33316 / US

4. FEI Number 65-0446072 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GUTHRIE, DENNIS 1323 SE 17 ST #649 FT LAUDERDALE FL 33316	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 Dennis Guthrie 03/17/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 GUTHRIE, DENNIS 1323 SE 17 ST #649 FT LAUDERDALE FL 33316	☐ Delete	D Guthrie, Dennis 1323 SE 17th St. PmB649 Ft Lauderdale, Florida 33316-1707	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUTHRIE, PAMELA 1323 SE 17 ST #649 FT LAUDERDALE FL 33316	☐ Delete	D Guthrie, Pamela 1323 SE 17th St. PmB649 Ft. Lauderdale, Fl 33316-1707	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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: Dennis Guthrie SIGNATURE REQUIRED 03/17/03 954-463-2912
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #