


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91429 030 ***150.00

DOCUMENT # P94000010976

1. Entity Name
HERITAGE MARINE, INC.



Principal Place of Business
**3895 N. LAKE ORLANDO PARKWAY
ORLANDO, FL 32808
605 CEMETERY ROAD
GENEVA, FL 32732**

Mailing Address
**3895 N. LAKE ORLANDO PARKWAY
ORLANDO, FL 32808
SAME**



2. Principal Place of Business
**605 Cemetery Road
Suite, Apt. #, etc.
GENEVA, Florida
City & State
GENEVA, Florida
Zip
32732
Country
USA**

3. Mailing Address
SAME

CHECK HERE IF MAKING CHANGES

4. FEI Number
59-3225112

Applied For
 Not Applicable

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

5. Name and Address of Current Registered Agent
**KNOCKE, PETER A.
3895 N. LAKE ORLANDO PARKWAY
ORLANDO, FL 32808
605 Cemetery Road
GENEVA, Florida 32732**

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 *Peter A. Knocke* DATE 4/23/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning.)

**FILE NOW!! FEE IS \$50.00
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KNOCKE, JACK A 1903 TROPIC ST. TITUSVILLE, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KNOCKE, PETER A. 3895 N. LAKE ORLANDO PKWY ORLANDO, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KNOCKE, PHILIP C. 2241 MAURICE AVE. LA CRESCENTA, CA <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VP KNOCKE, PETER A 605 CEMETERY ROAD GENEVA, Florida
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Peter A. Knocke, U.P.* **PETER A. KNOCKE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **VICE PRES.** 4/23/2003 321-591-6488
DATE City/State Phone #

CR2E034 (10/02)