

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90437 040 ***150.00

DOCUMENT # P94000063230
1. Entity Name
Tower Marine Inc. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>1061 n.w. 53 st.</u>		3. Mailing Address <u>1061 n.w. 53 st.</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>77. Lauderdale, Fl</u>		City & State <u>77 Lauderdale, Fl</u>	
Zip <u>33309</u>	Country <u>U.S.A</u>	Zip <u>33309</u>	Country <u>U.S.A</u>

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>65-0515605</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name <u>HARVEY FRANKS</u>
Street Address (P.O. Box Number is Not Acceptable) <u>7804 TRAVELERS TREE DR.</u>
City <u>Boca Raton</u> FL Zip Code <u>33433</u>

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.

SIGNATURE Carolyn Powers Vice Pres 4-29-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Carolyn Powers (Vice)</u> <u>Tower Marine</u> <u>1061 n.w. 53 st.</u> <u>77. Lauderdale, Fl. 33309</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>ELTON Powers (Pres)</u> <u>1061 n.w. 53 st</u> <u>Fl.</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Carolyn Powers 4-29-02 954-491-5155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #