

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90111 037 ***150.00

DOCUMENT # P94000082132
 1. Entity Name
SUNDANCE MARINE NORTH, INC.

Principal Place of Business Mailing Address
3321 NW INDIAN RIVER DRIVE **3321 NW INDIAN RIVER DRIVE**
JENSEN BEACH FL 34957 **JENSEN BEACH FL 34957**
US **US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
65-0534173 Not Applicable

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

6. Name and Address of Current Registered Agent
HERMAN, BRUCE
1401 E. BROWARD BLVD.
SUITE 206
FORT LAUDERDALE FL 33301

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.

SIGNATURE _____ (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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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	VP <input type="checkbox"/> Delete
NAME	MELESI, MITCHELL
STREET ADDRESS	3321 NE INDIAN RIVER DRIVE
CITY-ST-ZIP	JENSEN BEACH FL
TITLE	P <input type="checkbox"/> Delete
NAME	CLAWGES, JOSEPH V
STREET ADDRESS	1335 SE 16TH STREET
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	S <input type="checkbox"/> Delete
NAME	MELESI, JUDI
STREET ADDRESS	3321 NE INDIAN RIVER DRIVE
CITY-ST-ZIP	JENSEN BEACH FL
TITLE	T <input type="checkbox"/> Delete
NAME	CLAWGES, LORI
STREET ADDRESS	1335 SE 16TH STREET
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **04/29/02** **772/334-1416**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

SECRET
3

CR2E034 (9/01)