


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

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90122 038 \*\*\*150.00

**DOCUMENT # P94000082132**

1. Entity Name  
**SUNDANCE MARINE NORTH, INC.**



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

Mailing Address  
**3321 NW INDIAN RIVER DRIVE  
JENSEN BEACH FL 34957  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

4. FEI Number **65-0534173**  
Applied For  
Not Applicable

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



CHECK HERE IF MAKING CHANGES

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 **Hamaway, Michael P.**  
Street Address (P.O. Box Number is Not Acceptable) **500 East Broward Blvd.**  
Suite 1950  
City **Fort Lauderdale** FL Zip Code **33394**

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

**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  **\$5.00** May Be Added to Fees  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> Delete
NAME	<b>MELES, MITCHELL</b>	
STREET ADDRESS	<b>3321 NE INDIAN RIVER DRIVE</b>	
CITY-ST-ZIP	<b>JENSEN BEACH FL</b>	
TITLE	P	<input type="checkbox"/> Delete
NAME	<b>CLAWGES, JOSEPH V</b>	
STREET ADDRESS	<b>1335 SE 16TH STREET</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	S	<input type="checkbox"/> Delete
NAME	<b>MELES, JUDI</b>	
STREET ADDRESS	<b>3321 NE INDIAN RIVER DRIVE</b>	
CITY-ST-ZIP	<b>JENSEN BEACH FL</b>	
TITLE	T	<input type="checkbox"/> Delete
NAME	<b>CLAWGES, LORI</b>	
STREET ADDRESS	<b>1335 SE 16TH STREET</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Milesi, Mitchell</b>	<b>(correction)</b>
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	<b>Milesi, Judi</b>	<b>(correction)</b>
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		

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: \_\_\_\_\_ DATE: **01/08/03** DAYTIME PHONE #: **772-334-1416**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)