## **2003 FOR PROFIT CORPORATION**

## UNIFORM BUSINESS REPORT (UBR) P94000094352 **DOCUMENT#**

1. Entity Name FLORIDA MARINE GROUP, INC.



## **FILED** Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90454 017 \*\*\*150.00

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Principal Place of Business 4814 NORTH COOLIDGE AVE. TAMPA FL 33614			Mailing Address 4814 NORTH COOLIDGE AVE. TAMPA FL 33614						
2. Principal Place of Business 3. W			Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State City & State			4.		Number <b>59-3307050</b>	50-3307050		oplied For ot Applicable	
Country	Zip		Country	<b>5.</b> Cer	tificate of Status Desired				
ame and Address of Cur	rent Registered A	gent				_	gent		
			Name	<del></del>	gengu kawasanda kalawa ya sa				
			Street Address	s (P.O. Box	Number is Not Acceptable)	)			
TAMPA FL 33602					<u>·</u>	FL	Zip Cod	е	
	ent for the purpose	of changing its reg	istered office or regist	tered agent	, or both, in the State of Flor	rida. I am fa	miliar with,	and accept	
typed or printed name of registered	agent and title if applicable	e. (NOTE: Rec	gistered Agent signature requi	red when reinsta	ating)	DATE		<del></del>	
2003 Fee will be \$550	.00							<b>0</b> May Be I to Fees	
OFFICERS /	AND DIRECTORS		11.	ADDi	TIONS/CHANGES TO OFFI	CERS AND I	DIRECTOR	S IN 11	
North Coolidge Avi	Ē.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition _	
		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
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		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition .	
		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
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	Country  ame and Address of Cur  CHELL I  EDY BLVD.  entity submits this statemer egistered agent.  typed or printed name of registered  WI!! FEE IS \$150.00  2003 Fee will be \$550  le to Fiorida Departme  OFFICERS  WER, THOMAS C JR.  NORTH COOLIDGE AVI  A FL 33614	Business  3. Mailing Augustness  3. Mailing Augustness  City & St.  Country  Zip  Ame and Address of Current Registered Augustness  CHELL I  EDY BLVD.  Pentity submits this statement for the purpose registered agent.  Typed or printed name of registered agent and title if applicable applicable agent.  WI!! FEE IS \$150.00  1. 2003 Fee will be \$550.00  1. 10 Interest and Directors  WER, THOMAS C JR.  NORTH COOLIDGE AVE.  A FL 33614	Business  3. Mailing Address  Suite, Apt. #, etc.  City & State  Country  Zip  Country  Zip  CHELL I  EDY BLVD.  Check is statement for the purpose of changing its regegistered agent.  Ityped or printed name of registered agent and title if applicable.  (NOTE: Reserved agent and the purpose of changing its regegistered agent.  CHELL I  EDY BLVD.  CHECK I  EDY BLVD	Business  3. Mailing Address  Suite, Apt. #, etc.  City & State  Country  Zip  Country  Ame and Address of Current Registered Agent  Name  Street Address  City  EDY BLVD.  City  entity submits this statement for the purpose of changing its registered office or regist egistered agent.  (NOTE: Registered Agent eigneture requisitered agent and table if applicable.  W!!! FEE IS \$150.00  2003 Fee will be \$550.00  Ie to Forda Department of State  OFFICERS AND DIRECTORS  MER, THOMAS C JR.  NORTH COOLIDGE AVE.  A FL 33614  Delete  ITILE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  ITILE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  ITILE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete	Susiness 3. Mailing Address  Suite, Apt. #, etc.  City & State 4. FEI  Country Zip Country 5. Cer  ame and Address of Current Registered Agent 7. Name  CHELL I  EDY BLVD.  City  Street Address (P.O. Box  City  City  City  City  City  City  City  City  City  Entitis statement for the purpose of changing its registered office or registered agent agistered agent.  (NOTE. Registered Agent signature required when retrain the purpose of changing its registered Agent signature required when retrain the purpose of changing its registered Agent signature required when retrain the purpose of changing its registered Agent signature required when retrain the purpose of changing its registered Agent signature required when retrain the purpose of changing its registered Agent signature required when retrain the purpose of changing its registered Agent signature required when retrain the purpose of changing its registered Agent signature required when retrain the purpose of changing its registered Agent signature required when retrain the purpose of changing its registered Agent signature required when retrain the purpose of changing its registered Agent signature required when retrain the purpose of changing its registered Agent signature required when retrain the purpose of changing its registered Agent signature required when retrain the purpose of changing its registered Agent signature required agent and the it applicable.  WILL Table Tab	Ausiness 3. Mailing Address Surie, Apt. #, etc.   CHECK HERE I CHECK HERE I CHECK HERE I City & State	## AVE. ## AND FIT COOLIDGE AVE. TAMPA FL 33614    Susiness   3. Mailing Address	### AIN AND THE COLORGE AND STATE OFFICERS AND DIRECTORS    Suriness   3. Mailing Address   Suite, Apt. #. etc.   CHECK HERE IF MAKING CHANGLS	

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: