

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

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90106 031 ***150.00

DOCUMENT # P95000089669

1. Entity Name
ISLAND HOPPER BOATS INTERNATIONAL, INC.



Principal Place of Business
**49 ROYAL PALM BLVD
STE 204
VERO BEACH FL 32960
US**

Mailing Address
**P.O. BOX 638
VERO BEACH FL 32961
US**



2. Principal Place of Business
1890 Cobia Dr.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Vero Beach, FL

City & State

4. FEI Number
65-0627159

Applied For
☐ Not Applicable

Zip
32960

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**MARINE, WILLIAM B
49 ROYAL PALM BLVD
STE 204
VERO BEACH FL 32960**

Name

Street Address (P.O. Box Number is Not Acceptable)
1365 Sunset Point Lane

City **Vero Beach** FL **32963**

7. Name and Address of New Registered Agent

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 the registered agent.

SIGNATURE
Signature (typed or printed name of registered agent and title if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

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

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **MARINE, WILLIAM B**
STREET ADDRESS **1365 SUNSET POINT LANE**
CITY-ST-ZIP **VERO BEACH FL 32963-2600**

TITLE **DV** ☐ Delete
NAME **FETZER, MARK E**
STREET ADDRESS **1890 COBIA DRIVE**
CITY-ST-ZIP **VERO BEACH FL 32960**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/03
Date

Daytime Phone #

CR2E034 (10/02)