

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90256 016 ***150.00

DOCUMENT # P96000045633

1. Entity Name
SARAMANA MARINE, INC.



Principal Place of Business
6008 28TH ST E

Mailing Address
**POB 905
TALLEVAST FL 34270
US**

B
BRADENTON FL 34203
US



2. Principal Place of Business

3. Mailing Address

6015 28th St. E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

A

City & State
Bradenton FL

City & State

4. FEI Number **65-0671865**

Applied For

Not Applicable

Zip
34203

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOLF, JACK
6015 28TH ST. E.
STE A
BRADENTON FL 34203

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. I am familiar with, and accept the obligations of 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DVP** ☐ Delete
NAME **WOLF, JACK**
STREET ADDRESS **6008-B, 28TH ST E**
CITY-ST-ZIP **BRADENTON FL 34203**

TITLE ☐ Change ☐ Addition
NAME **6015 A 28th St. E.**
STREET ADDRESS **Bradenton FL 34203**
CITY-ST-ZIP

TITLE **PTS** ☐ Delete
NAME **WOLF, ANNETTE**
STREET ADDRESS **6008-B, 28TH ST E**
CITY-ST-ZIP **BRADENTON FL 34203**

TITLE ☐ Change ☐ Addition
NAME **6015 A 28th St. E.**
STREET ADDRESS **Bradenton FL 34203**
CITY-ST-ZIP

TITLE ☐ Delete
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 REQUIRED

Annette Wolf

Annette Wolf 4/24/03 (941) 751-2511

Date

Daytime Phone #

CR2E034 (10/02)