

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90701 050 \*\*\*150.00

**DOCUMENT # P96000065363**

1. Entity Name  
**COLE MARINE DISTRIBUTING, INC.**



Principal Place of Business  
**3200 S. ANDREWS AVENUE, #114**  
**FORT LAUDERDALE FL 33316**  
**US**

Mailing Address  
**P O BOX 350188**  
**FORT LAUDERDALE FL 33335-0188**  
**US**

**10039851**



new stc. # 200  
☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**3200 S. Andrews Ave**  
Suite, Apt. #, etc.  
**# 200**

3. Mailing Address

**3200 S. Andrews Ave**  
Suite, Apt. #, etc.  
**# 111**

City & State

**FT. lauderdale, FL**

City & State

**FT. lauderdale, FL**

Zip

Country

**33316** **USA**

Zip

Country

**33316** **USA**

4. FEI Number **65-0747887**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**ANDREWS, JOHN**  
**1501 NE 4TH AVE**  
**FORT LAUDERDALE FL 33304**

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. 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

TITLE **DVST** ☐ Delete  
NAME **MAYER, TOWNSEND**  
STREET ADDRESS **3200 S. ANDREWS AVENUE, #114 200**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

TITLE **DP** ☐ Delete  
NAME **MAYER, KIM**  
STREET ADDRESS **3200 S ANDREWS AVE #114 200**  
CITY-ST-ZIP **FT. LAUDERDALE FL 33316**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Townsend Mayer**

Date

Daytime Phone #

**1/14/03 954-525-2160**

CR2E034 (10/02)