

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-14-2003 90391 020 \*\*\*\*61.25  
05-01-2003 90818 007 \*\*\*\*88.75

**DOCUMENT # P96000084992**

1. Entity Name  
**DESIGN MARINE, INC.**



Principal Place of Business  
**1690 FITZPATRICK POINT  
SANFORD FL 32771**

Mailing Address  
**1690 FITZPATRICK POINT  
SANFORD FL 32771**

2. Principal Place of Business  
**650 Hickman Circle**

Suite, Apt. #, etc.

3. Mailing Address  
**650 Hickman Circle**

Suite, Apt. #, etc.

City & State  
**Sanford FL**

Zip  
**32771**

Country  
**USA**

City & State  
**Sanford, FL**

Zip  
**32771**

Country  
**USA**

4. FEI Number  
**59-3419631**

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

**STEPP, STEVE  
1690 FITZPATRICK POINT  
SANFORD FL 32771**

## 7. Name and Address of New Registered Agent

Name  
**Steve Stepp**  
Street Address (P.O. Box Number is Not Acceptable)

**650 Hickman Circle  
City Sanford FL Zip Code 32771**

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 qualifications 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STEPP, STEVE</b>	
STREET ADDRESS	<b>1690 FITZPATRICK POINT</b>	
CITY-ST-ZIP	<b>SANFORD FL 32771</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>STEPP, KIM</b>	
STREET ADDRESS	<b>1690 FITZPATRICK POINT</b>	
CITY-ST-ZIP	<b>SANFORD FL 32771</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<b>Steve Stepp</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Steve Stepp</b>	
STREET ADDRESS	<b>650 Hickman Circle</b>	
CITY-ST-ZIP	<b>Sanford, FL 32771</b>	
TITLE	<b>Kim Stepp</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Kim Stepp</b>	
STREET ADDRESS	<b>650 Hickman Circle</b>	
CITY-ST-ZIP	<b>Sanford, FL 32771</b>	
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		
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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)