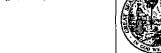
## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P97000009777 DOCUMENT #

1. Entity Name SKIPPER'S MARINE, INC.



**FILED** Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90769 048 \*\*\*150.00

Principal Place of Business 261 N. ALT. A1A BUILDING A JUPITER FL 33477 US		Mailing Address 261 N. ALT. A1A BUILDING A JUPITER FL 33477 US									
2. Principal P	Place of Business	3. Mailing Address					6 100111061   10 16111 18011 90111 01611 1	IBIAL ODALI BOLIO		<b>10</b> 51 <b>1001 106</b> 1	
US  2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES						
City & State		City & State				4.	6370/3030/			plied For t Applicable	
Zip Country		Zip		Countr	Country		5. Certificate of Status Desired			Additional quired	
	6. Name and Address of Current F	Registered	d Agent			7. 1	Name and Address of New Reg	istered Age	nt	,	
					Name					<del></del>	
			}	Street Address (P.O. Box Number is Not Acceptable)							
BUILDING A											
JUPITER F	FL 33477				City			FL	Zip Code	<u> </u>	
	named entity submits this statement for tions of registered agent.	the purpo	ose of changing its	registered	d office or regist	ered ag	ent, or both, in the State of Floric	da. 1 am fam	iliar with,	and accept	
SIGNATURE.	Signature, typed or printed name of registered agent ar	nd title if appli	cable. (NOTE:	: Registered	Agent signature requir	ed when re	Pinstating)	DATE			
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State			_		Election Campaign Finar     Trust Fund Contribution.	ncing		0 May Be to Fees	
10. OFFICERS AND DIRECTORS						ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
NAME STREET ADDRESS CITY-ST-ZIP	P RINKER, MARSHALL E III 2330 PROSPERITY BAY CT PALM BEACH GARDENS FL 3341	0	□ Delete	TITLE NAME STREE CITY-5	T ADDRESS				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREE CITY-S	T ADDRESS ST-ZIP				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	The second secon		· Delete	TITLE NAME STREET CITY-S	T ADDRESS	` - E			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	r address St-zip				Change	☐ Addition	
TITLE			□ Polete	TITLE					1 Channe	☐ Addition	

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.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

**DECOURED** 

☐ Delete

Addition