

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

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90066 005 ***158.75

DOCUMENT # **P 97000054752**

1. Entity Name

360 MARINE INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

99 Seaside Ave
Suite, Apt. #, etc.
#116

3. Mailing Address

99 Seaside Ave
Suite, Apt. #, etc.
#116

DO NOT WRITE IN THIS SPACE

City & State
Key Largo, FL

Zip
33037

Country
MONROE

City & State
Key Largo, FL

Zip
33037

Country
MONROE

4. FEI Number

65-0767173

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Daniel D. Greenwald, CPA

Street Address (P.O. Box Number is Not Acceptable)

4503 North West 103rd Ave Ste 101
Sunrise, FL

City

FL

Zip Code

33357

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Daniel D. Greenwald, CPA

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Roy Sullivan - Pres.
99 Seaside Ave #116
Key Largo, FL 33037

TITLE
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13. 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 11 or on an attachment with an address with all other like empowered.

SIGNATURE:

Roy Sullivan Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/24/02

Daytime Phone #

954-614-2233

CR2E034B (12/01)