DOCÜ	MENT # P9700	NESS REPO 0056038	RT (U	JBR)	odal	
1. Entity Nan	MARINE SERVICE, INC.				FILED	
Principal Place of Business 16002 ARMISTEAD LANE ODESSA FL 33556		Mailing Address 16002 ARMISTEAD LANE ODESSA FL 33556			O1 SEP 19 PM 4: 44 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal F	Place of Business	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & Star	te	City & State			4. FEI Number 59-3448332 Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent	. Na	ame	7. Name and Address of New Registered Agent	
TAN, ROGER W 16002 ARMISTEAD LANE ODESSA FL 33556			St	Street Address (P.O. Box Number is Not Acceptable)		
9. The above	e named entity submits this statement for	the purpose of changing its	Ci	<u> </u>	FL Zip Code	
SIGNATURE			registered of	noe or registered	d agent, or both, in the diato of Honde.	
2	Signature, typed or printed name of registered agent a			nt signature required wh	when reinstating) DATE	
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW! After September 12 Make Check Payab	, 2001 Fee	will be \$750.00		
11.	OFFICERS AND		12.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TAN, ROGER W 16002 ARMISTEAD LN ODESSA FL 33556	□ Delete	TITLE NAME STREET ADD CITY-ST-Z		60000461016692 540000 -09/25/0101043009 *****150.00 *****150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADD CITY-ST-ZI	I	☐ Change ☐ Addition	
TITLE ~ NAME STREET ADDRESS CITY-ST-ZIP		~- · · · Tel·Delete	TITLE NAME STREET ADD CITY-ST-ZI		☐ Change · □ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADD CITY-ST-ZI		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADD CITY-ST-ZI	4	☐ Change ☐ Add/ition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADD	DRESS	☐ Change ☐ Addition	

CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPEPOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

9/17/01

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return from vac. Business Report called Talked to Michelle Milligan. Bank check has not cleared. Advised to send new ch with notice in + Reguest towave any penalties. hank you Roger Tan Roger's Mai Ine Socire