

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90482 041 \*\*\*150.00

**DOCUMENT # P97000069175**

1. Entity Name  
**BOSWORTH MARINE MANAGERS, INC.**

Principal Place of Business 1 BEACH DC SE SUITE 1006 ST PETERSBURG FL 33701	Mailing Address 1 BEACH DC SE SUITE 1006 ST PETERSBURG FL 33701
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	4. FEI Number <b>59-3468835</b> Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent  
**LAZZARA, BETTY B**  
**1 BEACH DR SE**  
**SUITE 1006**  
**ST PETERSBURG FL 33701**

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.  
 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LAZZARA, BETTY B</b> <b>1 BEACH DR SE SUITE 1006</b> <b>ST PETERSBURG FL 33701</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>LAZZARA, STEVEN B</b> <b>8337 TALLAHASSEE DR NE</b> <b>ST PETERSBURG FL 33702</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>LAZZARA, RICHARD C</b> <b>1934 BRIGHTWATERS BLVD NE</b> <b>ST PETERSBURG FL 33704</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>89 MARTINIQUE</b> <b>TAMPA, FL 33606</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>FONTANA, GINA LAZZARA</b> <b>855 TALLAHASSEE DRIVE</b> <b>ST PETERSBURG FL 33702</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>LAZZARA, JOAN E</b> <b>2215 CYPRESS ISLAND DE #201</b> <b>POMPANO BEACH DL 33069</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Betty B. Lazzara (BETTY B. LAZZARA) Date: Feb 23, 2001 Daytime Phone #: 727-898-6060

CR2E034 (10/00)