2001 UNIFORM BUSINESS RÉPORT (UBR)

FILED

DOCUMENT # P9700084270 1. Entity Name LINDEN MARINE CONSTRUCTION, INC.						Jan 30, 2001 8:00 am Secretary of State 01-30-2001 90130 020 ***150.00				
Principal Plac	ce of Business		Mailing Address							
300 Southwest Market Street Palm City FL 34990 US			6300 SOUTHWEST MARKET STREET PALM CITY FL 34990 US							
	Place of Business	- 01.1	3. Mailing Address	DI						
1357 Suite, (6)		AN Blud	Suite, (6) #, etc.	cean BI	.3 Q .	D	O NOT WRITE IN TH	HIS SPACE		
City Stat	SA-T	۶۱	City & State	<u> </u>	-4:	FEI Number 65	-0784807	 	oplied For	ľ
Zip		untry 5	74996	Country	5.	Certificate of Statu	ıs Desired 🔲	\$8.75 Add	litional	
		Address of Current I			7.	Name and Addres	ss of New Register	ed Agent		
6300	, Maurice S.W. Market S I City FL 34990			Name Street A	Perl pdress (P.O. 1	Bax Number is No	Acceptable)	# 6012	308	
				City	<u> </u>	JACT	F	FL Zipcod	 අු (_ර	
Tax filing		d name of registered agent a satisfy its Intangible ects to do so.			00 50.00	10. Election C	DA' ampaign Financing I Contribution.	\$5.0	0 May Be	
11.		OFFICERS AND I		12.	_	DDITIONS/CHANG	SES TO OFFICERS A			=
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PETZ, LINDA E 6300 SOUTHW PALM CITY FL	est market str 34990	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Petz.	Linda E UE Ocean tuart s	, Blud. #		Addition	70/01/10/02
TITLE NAME STREET ADDRESS	STD PETZ, MAURIC 6300 SOUTHW	est market str	□ Delete	NAME STREET ADDRESS	~~		-e D PANBLUD. 	ned or	☐ Addition	200
CITY-ST-ZIP '	PALM CITY-FL	34990	□ Delete	CITY-ST-ZIP TITLE	St	- <u>````````````````````````````````````</u>	=(349	Change	Addition	_
name Street address City-St-Zip				NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ 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 additional properties.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561 - 219 - 363 Y Daytime Phone #