

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 27, 2001 08:00 AM
Secretary of State

DOCUMENT # P97000085259

1. Entity Name
MICOLE MARINE, INC.

Principal Place of Business
 450 NW 16TH STREET
 BOCA RATON FL 33432

Mailing Address
 450 NW 16TH STREET
 BOCA RATON FL 33432

2. Principal Place of Business
 6599 141ST LANE NORTH

3. Mailing Address
 6599 141ST LANE NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 PALM BEACH GARDENS FL

City & State
 PALM BEACH GARDENS FL

4. FEI Number
65-0807849
 Applied For
 Not Applicable

Zip Country
 33418

Zip Country
 33418

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEAUCHAMP LEE D
 450 NW 16TH STREET
 BOCA RATON FL 33432
 US

Name
BEAUCHAMP LEE D
 Street Address (P.O. Box Number is Not Acceptable)
6599 141ST LANE NORTH
 City
PALM BEACH GARDENS FL Zip Code
33418

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 **LEE D. BEAUCHAMP**

04/27/2001

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)

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 S Delete
 NAME **BEAUCHAMP CRISTEENA**
 STREET ADDRESS **450 NW 16TH STREET**
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE S Change Addition
 NAME **BEAUCHAMP CRISTEENA**
 STREET ADDRESS **6599 141ST LANE NORTH**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE P Delete
 NAME **BEAUCHAMP LEE**
 STREET ADDRESS **450 NW 16TH STREET**
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE P Change Addition
 NAME **BEAUCHAMP LEE**
 STREET ADDRESS **6599 141ST LANE NORTH**
 CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
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TITLE Change Addition
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 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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: **LEE D. BEAUCHAMP**

P

04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)