## 2002 UNIFORM BUSINESS REPORT (UBR)

## P98000035471 **DOCUMENT#** 1. Entity Name

C.D.H. MARINE INC.

SIGNATURE:

## FILED Aug 25, 2002 8:00 am Secretary of State 08-25-2002 90217 037 \*\*\*558.75

1323 SE 17 PMB 252	STREET ST	Mailing Address 1323 SE 17 STREET PMB 252 FORT LAUDERDALE FL 33316						
2. Principal	Place of Business	3. Mailing Address						
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4	n24 PC3.37 Y44			applied For
Zip Country		Zip Country		5.	5. Certificate of Status Desired See Required Fee Required			lot Applicable dditional
	6. Name and Address of Current F	Registered Agent	<del>'</del>	7.	Name and Address of New			ea
<del></del>				Name	The wife Addicas of New 1	registered Age		
	CHARLES: D-JR=========			Street Address (P.O.	. Box Number is Not Acceptable			<u> </u>
	17TH STREET				. Box Number is Not Acceptable	le) 	~ ~	
FORT, LAI	UDERDALE FL 33316			-				
	<i>3</i>	City				FL	Zip Cod	
<ol><li>The above the obligat</li></ol>	Ramed entity submits this statement for tions of registered agent.	the purpose of changing its	registered	office or registered a	agent, or both, in the State of Fi	orida. I am fami	liar with	, and accept
SIGNATURE .	Signature, typed or printed name of registered agent ar	od title if anglisekle						
	<u> </u>	T		gent signature required when	reinstating)	DATE		
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! FEE IS \$550.00 After September 13, 2002 Fee will be \$750.1 Make Check Payable to Department of Stat		will be \$750.00	10. Election Campaign Fir Trust Fund Contributio		\$5.0 Added	00 May Be d to Fees
11.	OFFICERS AND D	DIRECTORS	12.	A	DDITIONS/CHANGES TO OFF	ICERS AND DIR	ECTOR	S IN 11
NAME SON STREET ADDRESS > CITY-ST-ZIP	HARRIS, CHARLES D JR 1323 SE 17 STREET BLVD FORT LAUDERDALE FL 33316	POLICE Delete Delete Service Service Service Control of the Contr	NAME STREET AI	DDRESS	Lather the said of	er a Sir I	Change ,	Addition
TITLE	TOTT ENDERDALE PE 33318	☐ Delete	CITY-ST-	ZIP	<del></del>			
NAME STREET ADDRESS CITY-ST-ZIP	,	LI Dougle	NAME STREET AL	***			Change	☐ Addition
TITLE NAME STREET ADDRESS	·	☐ Delete	TITLE				Change	☐ Addition
CITY-ST-ZIP			CITY-ST-2		<del></del>	<del></del>		
TITLE NAME		☐ Delete	TITLE NAME				Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP		•	STREET AD			-		-
TITLE NAME STREET ADDRESS	•	☐ Delete	TITLE NAME	DOLCC			hange	☐ Addition
CITY-ST-ZIP	1 ;	·	STREET ADI	II				
TITLE  IAME  TREET ADDRESS  TYY-ST-ZIP		☐ Delete	TITLE NAME STREET ADD			C	hange	Addition
3. I hereby ce indicated of the corporation of the	ertify that the information supplied with the on this report or supplemental report is tru- oration or the receiver or trustee empowers or on an attachment with an address, with	is filing does not qualify for to ue and accurate and that my pered to execute this report a n all other like empowered.	he exemption	on stated in Section	119.07(3)(i), Florida Statutes. I legal effect as if made under or da Statutes; and that my name	further certify tha ath; that I am an appears in Bloc	at the inf officer of k 11 or l	ormation or director Block 12 if



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 31, 2002

C.D.H. MARINE INC. 1323 SE 17 STREET PMB 252 FORT LAUDERDALE, FL 33316

SUBJECT: C.D.H. MARINE INC.

Ref. Number: P98000035471

677214

We have received your document for C.D.H. MARINE INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

We are unable to waive or reduce the late fee. The corporation received the corporate annual report/uniform business report and notice that failure to file the report by May 1 would result in a \$400.00 late fee.

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8,75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers Document Specialist

Letter Number: 502A00046073