2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
03 JUN 12 PM 12: 14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000051717

1. Entity Name
FORT LAUDERDALE MARINE, INC.

Principal Place of Business	Mailing Address
8125 LAGOS DE CAMPO BLVD FT LAUDERDALE, FL 33321	2400 E LOS OLAS BLVD PMB 218 FORT LAUDERDALE, FL 33301

[X] CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
791 W. BECKLEY SQUARE	791 W. BECKLEY SQUARE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DAVIE, FL	City & State: DAVIE, FL
Zip: 33325 Country: USA	Zip: 33325 Country: USA

4. FEI Number: 65-0850227 — Applied For / Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAHONEY, JAMIE S
8125 LAGOS DE CAMPO BLVD
FT LAUDERDALE, FL 33321

7. Name and Address of New Registered Agent

Name: MAHONEY, JAMIE S
Street Address (P.O. Box Number is Not Acceptable): 791 W. BECKLEY SQUARE
City: DAVIE FL Zip Code: 33325

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Jamie S Mahoney 6/9/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee Will be $550.00
Make Checks Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. [ ] $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MAHONEY, JAMIE S 8125 LAGOS DE CAMPO BLVD FT LAUDERDALE, FL 33321 [ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MAHONEY, JAMIE S 791 W. BECKLEY SQUARE DAVIE, FL 33325 [X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jamie S Mahoney 6/9/03 954-684-9053
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

gl 6/12