2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

P98000086063

1. Entity Name NEW RIVER DRY DOCK INC



FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90174 046 ***150.00

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Spanner Span	City & Stat	е	City & State			654)869/18						
WICKMAN, ROBERT S Street Address (P.O. Box Number is Not Acceptable)	Zip	Country		Country			Certificate of Status Desired		8.75 Add	itional		
Sireet Address (P.O. Box Nymber is Not Acceptable) Sireet Address (P.O. Box Nymber is Not Acceptable) Sireet Address (P.O. Box Nymber is Not Acceptable) City FL Zip Code	6. Name and Address of Current Registered Agent						7. N	Name and Address of New Regi		<u>_</u>		
3001 STATE ROAD 84 FORT LAUDERDALE FL 33312 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. I am farmiliar with, and accept the obligations of registered agent, byte of private farmer of registered agent. Ports, in the State of Florida. I am farmiliar with, and accept the obligations of registered agent. State for a control of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am farmiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmiliar with, and accept the acceptance of Florida. I am farmiliar with, and accept the acceptance of Florida. I am farmiliar with, and accept the acceptance of Florida. I am farmiliar with, and acceptance of Florida. I am farmiliar with, and accep			· -	and the fact of the second	Na	ime		. <u> </u>				
FORT LAUDERDALE FL 33312 8. The above named entity submits the 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. FILE NOW!!! FEE IS \$150.00 K/ After Way 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICENS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAKE STREET ADDRESS OTHY-SI-7P FORT LAUDERDALE FL 33312 OTHY-SI-7P TITLE NAME NAME SIRET ADDRESS OTHY-SI-7P TITLE NAME SIRET ADDRESS OTHY-SI-7P TITLE NAME NAME SIRET ADDRESS OTHY-SI-7P TITLE NAME NA	·					Street Address (P.O. Box Number is Not Acceptable)						
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 Signature												
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorias. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature FILE NOW!!! FEE IS \$150.00 Very After May 1, 2003 Fee will be \$550.00 Make/Check Payable to Fiorida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DP WICKMAN, ROBERT S 2640 RIVERIAND RD STREET ADDRESS CITY-ST-2P FORT LAUDERDALE FL 33312 TITLE D Delete TITLE D DELETE ADDRESS CITY-ST-2P TITLE D ROLLINS, WILLIAM R STREET ADDRESS CITY-ST-2P TITLE D Belse TITLE D ROLLINS, WILLIAM R STREET ADDRESS CITY-ST-2P TITLE D ROLLINS, WILLIAM R STREET ADDRESS CITY-ST-2P TITLE D Belse TITLE D Belse TITLE D Belse TITLE D Change Addition Additi	FUNI DAL	DUERDALE PL 33312			Ci	tv	 -		E1	Zip Code	 e	
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12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in 5 ection 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 6.27, 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: MUNICON WILLOUIREMARY M. Sec/Tr 954-584-2500 Date