

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000092354

1. Entity Name
C & S MARINE UNLIMITED, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90047 032 ***150.00

Principal Place of Business 457 N UNIVERSITY DRIVE PLANTATION FL 33324	Mailing Address 457 N UNIVERSITY DRIVE PLANTATION FL 33324
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6701 Mallards Cove Rd	3. Mailing Address 6701 Mallards Cove Rd
Suite, Apt. #, etc. Apt 31-A	Suite, Apt. #, etc. Apt 31A
City & State Jupiter FL	City & State Jupiter FL
Zip 33458	Country USA

4. FEI Number 65-0873085	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FORRESTER, SHERRY 457 N UNIVERSITY DRIVE PLANTATION FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME FORRESTER, CRAIG		NAME	
STREET ADDRESS 457 N UNIVERSITY DRIVE		STREET ADDRESS	
CITY-ST-ZIP PLANTATION FL 33324		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME FORRESTER, SHERRY		NAME	
STREET ADDRESS 457 N UNIVERSITY DRIVE		STREET ADDRESS	
CITY-ST-ZIP PLANTATION FL 33324		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Sherry Forrester
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01 5613528248
Date Daytime Phone #

CR2E034 (10/00)