

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90130 045 ***150.00

DOCUMENT # **P98000093836**



1. Entity Name
MURRAY FENTON MARISERVE, INC.

Principal Place of Business
**1300 SE 17TH ST
#219
FT LAUDERDALE FL 33316
US**

Mailing Address
**1300 SE 17TH ST
#219
FT LAUDERDALE FL 33316
US**



2. Principal Place of Business
6278 N. FEDERAL Hwy

3. Mailing Address
SAME

Suite, Apt. #, etc.
NO: 147

CHECK HERE IF MAKING CHANGES

City & State
FT. LAUDERDALE . FL

City & State
FT. LAUDERDALE . FL

Zip
33308

Country
USA

4. FEI Number **65-0876147**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**BAKER, PETER N
1300 SE 17TH ST
#219
FORT LAUDERDALE FL 33316**

7. Name and Address of New Registered Agent

Name
DOM SOUTAR

Street Address (P.O. Box Number is Not Acceptable)
**6278 N. FEDERAL Highway
NO: 147**

City
FT. LAUDERDALE

FL

Zip Code
33308

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 **W.D.L. Souitar**

DATE **1/30/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check 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	D	<input checked="" type="checkbox"/> Delete
NAME	NOBLE, JOHN CAPT.	
STREET ADDRESS	82A SOUTHWARK BRIDGE ROAD	
CITY-ST-ZIP	LONDON SE1 OAS ENGLAND	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SOUTAR, W.D.L.	
STREET ADDRESS	1824 S.E. 4TH AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BAKER, PETER. N	
STREET ADDRESS	1824 S.E. 4TH AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MACLAREN, NEIL R	
STREET ADDRESS	P.O. BOX 610442	
CITY-ST-ZIP	NORTH MIAMI E FL 33261	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D. SOUTAR	
STREET ADDRESS	6278 N. FEDERAL Hwy No: 147	
CITY-ST-ZIP	FT. LAUDERDALE 33308 - 5	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **W.D.L. SOUITAR**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **1/30/03** (954 471 9541)

Daytime Phone #

CR2E034 (10/02)