

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**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
6278 N. FEDERAL Hwy
Suite, Apt. #, etc.
NO: 147

3. Mailing Address
SAME
Suite, Apt. #, etc.

City & State
FT. LAUDERDALE . FL
Zip
33308
Country
USA

City & State

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. Soutar**
Signature, typed or printed name of registered agent and title if applicable.

1/30/03
DATE

(NOTE: Registered Agent signature required when reinstating)

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

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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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. Soutar**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/03 (954 471 9541)
Date Daytime Phone #

CR2E034 (10/02)