

ANNUAL REPORT (AR)

DOCUMENT # P99000014976

Entity Name

UNRISE MARINE, INC.



FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90022 050 ***150.00

Principal Place of Business
371 ENFIELD AVE., SE
PORT ST. LUCIE FL 34952

Mailing Address
1871 ENFIELD AVE., SE
PORT ST. LUCIE FL 34952

Principal Place of Business
Suite, Apt. #, etc.

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

City & State
Zip Country

City & State
Zip Country



MOORE CR2E034 (11/03)

4. FEI Number 65-0895851
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOSSHARDT, KURT E ESQ.
BOSSHARDT & EDWARDS, P.A.
1600 SE 17TH STREET, SUITE 405
FORT LAUDERDALE FL 33316

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

The above named entry 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 10			
LE	PS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
ME	RUPPRECHT, MICHAEL			NAME			
REET ADDRESS	1871 ENFIELD AVE ST			STREET ADDRESS			
TY-ST-ZIP	PORT SAINT LUCIE FL 34952			CITY-ST-ZIP			
LE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
ME				NAME			
REET ADDRESS				STREET ADDRESS			
TY-ST-ZIP				CITY-ST-ZIP			
LE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
ME				NAME			
REET ADDRESS				STREET ADDRESS			
TY-ST-ZIP				CITY-ST-ZIP			
LE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
ME				NAME			
REET ADDRESS				STREET ADDRESS			
TY-ST-ZIP				CITY-ST-ZIP			
LE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
ME				NAME			
REET ADDRESS				STREET ADDRESS			
TY-ST-ZIP				CITY-ST-ZIP			

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: _____ Date: 3-24-04 Daytime Phone: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR