

**2000 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P99000016479

1. Entity Name

BLACK MARLIN CAPITAL, INC.

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

02-23-2000 90027 036 \*\*\*150.00

Principal Place of Business

Mailing Address

~~777 E. ATLANTIC AVE.~~ ~~777 E. ATLANTIC AVE.~~  
~~Delray Beach, FL 33483~~ ~~Delray Beach, FL 33483~~  
 8 Ocean Place 8 Ocean Place  
 Highland Beach, FL 33487 Highland Beach, FL 33487

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number: 65-0901564

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of  Desired  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Robb R. Maass  
 321 Royal Poinciana Plaza  
 Palm Beach, FL 33480

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE

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

(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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000, Fee will be \$550.00.**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D.	<input type="checkbox"/> Delete
NAME	Greg Wilson	
STREET ADDRESS	777 E. Atlantic Ave.	
CITY-ST-ZIP	Delray Beach, FL 33483	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Greg Wilson	
STREET ADDRESS	<del>777 E. ATLANTIC AVE.</del>	
CITY-ST-ZIP	<del>Delray Beach, FL 33483</del>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8 Ocean Place	
CITY-ST-ZIP	Highland Beach, FL 33487	
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		

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:

*Greg Wilson*

Greg Wilson, President

1 / 100

Date

Daytime Phone #

CR2E034 (9/99)