

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

0342046 AV

04-07-2003 90192 037 ***150.00

DOCUMENT # P99000024788

1. Entity Name
GM MARINA PROPERTIES, INC.



Principal Place of Business
**4550 ANGLERS AVE
FT LAUDERDALE FL 33312**

Mailing Address
**4550 ANGLERS AVE
FT LAUDERDALE FL 33312**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0917855**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**FITZPATRICK, MICHAEL J
4550 ANGLEIS AVE
FORT LAUDERDALE FL 33312**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 **PTD** ☐ Delete
NAME **FITZPATRICK, MICHAEL J**
STREET ADDRESS **2111 NE 31 STREET**
CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SVD** ☐ Delete
NAME **EISELE, GEOFFREY R**
STREET ADDRESS **718 SE 13TH ST**
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

TITLE **EISELE, GEOFFREY R** ☒ Change ☐ Addition
NAME
STREET ADDRESS **7796 MONARCH CT**
CITY-ST-ZIP **DELRAY BEACH, FL 33446**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

GEOFFREY EISELE

4-3-03

954

894-9895

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)