

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91174 031 ***550.00

DOCUMENT # P99000072509

1. Entity Name

CAJUN MARINE CO.

Principal Place of Business

Mailing Address

903 AVENIDA CENTRAL
 THE VILLAGES FL 32159

34415 KINGFISH ST
 FRUITLAND PARK FL
 34731

2. Principal Place of Business

3. Mailing Address

28327 US HIGHWAY 27S.

P.O. BOX 337

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LEESBURG FL

City & State

LADY LAKE FL

4. FEI Number

59-3592203

Applied For

Not Applicable

Zip

Country

34748 US

Zip

Country

32158-0337 US

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

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.

(NOI 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! FEES \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PTSD
 NAME: Stewart, Joseph, Jr. Delete
 STREET ADDRESS: 34415 KINGFISH ST
 CITY-ST-ZIP: FRUITLAND PARK FL 34731

TITLE: PTSD
 NAME: Stewart, Brett J. Change Addition
 STREET ADDRESS: PO BOX 337
 CITY-ST-ZIP: LADY LAKE FL 32158-0337

TITLE: Delete
 NAME: STEWART, BRETT J.
 STREET ADDRESS: 3445 KINGFISH ST.
 CITY-ST-ZIP: FRUITLAND PARK FL 34731

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

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

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

TITLE: Delete
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TITLE: Delete
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 CITY-ST-ZIP:

TITLE: Change 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: Brett J. Stewart BRETT J. STEWART

5/14/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

A0071270

DO NOT WRITE IN THIS SPACE