CR2E034 (10/02)

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Mailing Address

3. Mailing Address

BLDG H

1901 NW 18TH ST.

POMPANO BEACH FL 33069-1665

P99000088166 DOCUMENT

1. Entity Name

Principal Place of Business

POMPANO BEACH FL 33069-1665

2. Principal Place of Business

1901 NW 18TH ST.

BLDG H

US

OCEAN HIGH PERFORMANCE MARINE, INC.



FILED Apr 04, 2003 8:00 am Secretary of State 04-04-2003 90114 037 ***150.00 10057764 ☐ CHECK HERE IF MAKING CHANGES Applied For 65-0959428 Not Applicable \$8.75 Additional Fee Required

Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number City & State City & State Zip Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPAETH, BERIT Street Address (P.O. Box Number is Not Acceptable) 1901 NW 18TH ST BLDG H POMPANO BEACH FL 33069-1665 City 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 Fiorida. I am familiar with, and accept the obligations of registered agent SIGNATURE (NOTE: Registered Agent signature required when reinstating) ed agent and title if applicable. FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change ☐ Addition SPAETH, BERIT NAME NAME 1901 NW 18TH ST. BLD H STREEÉ ADDRESS STREET ADDRESS POMPANO BEACH FL 33069-1665 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE" Change - Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP