

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2003 8:00 am**  
**Secretary of State**

03-13-2003 90089 030 \*\*\*150.00

**DOCUMENT # P99000110250**

1. Entity Name

INITIAL MARINE CORPORATION



Principal Place of Business

1690 FITZPATRICK POINT  
SANFORD FL 32771

Mailing Address

1690 FITZPATRICK POINT  
SANFORD FL 32771

2. Principal Place of Business

650 Hickman Circle

3. Mailing Address

650 Hickman Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sanford FL

City & State

Sanford, FL

Zip

32771 32771

Country

Zip

32771

Country

4. FEI Number

59-3615643

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

MCCOLLOUGH, TERRY L ESQ.  
400 N. FERNCREEK AVE.  
ORLANDO FL 32803

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. 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  
NAME

D

☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

STEPP, STEVEN  
1690 FITZPATRICK POINT  
SANFORD FL 32771

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

650 Hickman Circle  
Sanford, FL 32771

☒ Change

☐ Addition

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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☐ Delete

TITLE  
NAME

STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-03 407-320-1340

Date

Daytime Phone #

CR2E034 (10/02)