## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**) S00995 **DOCUMENT #** 1. Entity Name S & C MARINE INC.

## **FILED** Mar 03, 2003 8:00 am § Secretary of State 03-03-2003 90854 001 \*\*\*158.75

Principal Place of Business 5598 SE FOREST GLADE TR HOBE SOUND FL 33455 US		Mailing Address 5598 SE FOREST GLADE TR HOBE SOUND FL 33455 US			' 81811 BIRTH BIBIT BIRTH	
2. Principal Place of Business		3. Mailing Address			1(0)/ 1(1)/ 0(0)/ 0(1)/	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 65-0230407	<del></del>	pplied For
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Ad	Iditional
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Regist		****
A. I. A.	AT-11-T-		Name			
SNOWDEN. 5598 SE F	, stuart Orest glade tr		Street Address	Street Address (P.O. Box Number is Not Acceptable)		
HOBE SOUND FL 33455				,		
12 july 21 jul		_	City		FL Zip Coo	-
8. The above r	named entity submits this statement for ons of registered agent. O	r the purpose of changing its	registered office or regist	tered agent, or both, in the State of Florida.	I am familiar with,	and accept
ine obligate	ons of registered asserting	1 T	<u> </u>			,
SIGNATURE	ignature typed of printed name or registered agent a	and title if applicable (NG)	E: Registered Agent signature requi	Trouben ==		
Tariff FII		ind the rappicable. (1451)	E. negistered Agent signature requi	red when reinstating)	DATE / /	
- 1/2	E NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00			9. Election Campaign Financir	ng <b>\$5.0</b>	00 May Be
Make Check	Payable to Florida Department of	State		Trust Fund Contribution.		d to Fees
10.	OFFICERS AND I		11.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTOR	S IN 11
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	SNOWDEN, STUART		NAME	·		
	5598 SE FOREST GLADE TR		STREET ADDRESS			
	HOBE SOUND FL		CITY-ST-ZIP `			
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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: