2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# S02239

Entity Name: MARINE INFORMATION SYSTEMS, INC.

FILED Apr 24, 2003 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Frincipal Flace of Business:	New Finicipal Flace of Business:

841 HADDOCK AVE 6439 ENGRAM ROAD

NEW SMYRNA BEACH, FL 32169 US NEW SMYRNA BEACH, FL 32169 US

Current Mailing Address: New Mailing Address:

841 HADDOCK AVE 6439 ENGRAM ROAD

NEW SMYRNA BEACH, FL 32169 US NEW SMYRNA BEACH, FL 32169 US

FEI Number: 59-3036791 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HORNE, GLEN

841 HADDOCK AVE

HORNE, GLEN

6439 ENGRAM ROAD

NEW SMYRNA BEACH, FL 32169 US NEW SMYRNA BEACH, FL 32169 US

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: 04/24/2003

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete

Name: HORNE, GLEN, Address: 841 HADDOCK AVE

City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: V () Delete

Name: HORNE, DIANE Address: 841 HADDOCK AVE

City-St-Zip: NEW SMYRNA BEACH, FL 32169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition

Name: HORNE, GLEN, Address: 6439 ENGRAM ROAD

City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: V (X) Change () Addition

Name: HORNE, DIANE Address: 6439 ENGRAM ROAD

City-St-Zip: NEW SMYRNA BEACH, FL 32169

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLEN HORNE P 04/24/2003