

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90092 012 \*\*\*150.00

**DOCUMENT # V11548**

1. Entity Name  
**MARINE LABOR, INC.**



Principal Place of Business  
**1321-A 77TH STREET EAST  
PALMETTO FL 34221**

Mailing Address  
**PO BOX 192  
TERRA CEIA FL 34250  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0311606**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRUTZNER, SUZANNE  
901 TERRA CEIA RD  
TERRA CEIA FL 34250**

Name

**Suzanne Quinn**

Street Address (P.O. Box Number is Not Acceptable)

**1321 77th St - Suite A**

City

**Palmetto**

FL

Zip Code

**34221**

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 of registered agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/22/03**

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 **PD** ☐ Delete  
NAME **GRUTZNER, SUZANNE**  
STREET ADDRESS **1891 CENTER BOX 192**  
CITY-ST-ZIP **TERRA CEIA FL 34250-0192**

TITLE **PD** ☒ Change ☐ Addition  
NAME **Suzanne Quinn**  
STREET ADDRESS **POB 192**  
CITY-ST-ZIP **Terra Ceia FL 34250**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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 information empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/26/03**

Date

Daytime Phone #

CR2E034 (10/02)