

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**  
 04-23-2001 90146 019 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         |                                                                                                                                                               |         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| <b>DOCUMENT # V28617</b><br>1. Entity Name<br><b>JOE MARINE INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |         |                                                                                                                                                               |         |
| Principal Place of Business<br><b>4500 SW COUNTRY PL<br/>                 PALM CITY FL 34990<br/>                 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |         | Mailing Address<br><b>4500 SW COUNTRY PLACE<br/>                 PALM CITY FL 34990<br/>                 US</b>                                               |         |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |         | 3. Mailing Address<br>Suite, Apt. #, etc.                                                                                                                     |         |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         | City & State                                                                                                                                                  |         |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country | Zip                                                                                                                                                           | Country |
| 4. FEI Number <b>65-0325680</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         |                                                                                                                                                               |         |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         |                                                                                                                                                               |         |
| 6. Name and Address of Current Registered Agent<br><b>BUSACCA, JOSEPH G.<br/>                 4500 SW COUNTRY PLACE<br/>                 PALM CITY FL 34990</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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.<br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                              |         |                                                                                                                                                               |         |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |         | <b>FILE NOW!!! FEE IS \$150.00<br/>                 After MAY 1, 2001 Fee will be \$550.00<br/>                 Make Check Payable to Department of State</b> |         |
| 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |         | 11. OFFICERS AND DIRECTORS                                                                                                                                    |         |
| TITLE <b>TS</b> <input type="checkbox"/> Delete<br>NAME <b>BUSACCA, LORI A.</b><br>STREET ADDRESS <b>4500 SW COUNTRY PLACE</b><br>CITY-ST-ZIP <b>PALM CITY FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |         | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                         |         |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |         | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                              |         |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |         | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                              |         |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |         | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                              |         |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |         | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                              |         |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |         | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                              |         |
| 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered. |         |                                                                                                                                                               |         |
| <b>SIGNATURE:</b> <i>Lori A. Busacca</i><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |         | 4/15/01 561-2883297<br>Date Daytime Phone #                                                                                                                   |         |



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)