FILED

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an

Feb 11, 2002 8:00 am Secretary of State DOCUMENT # V39190 1. Entity Name C&S MARINE BROKERAGE CO. 02-11-2002 90100 037 ***150.00 Principal Place of Business Mailing Address 3212 NE 32ND ST 3212 NE 32ND ST FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE -Suite: Apt.#; etc. ---Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0391251 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAUMSIEG! E. CHRISTOPHER Street Address (P.O. Box Number is Not Acceptable) 2617 NE 35TH DRIVE FT. LAUDERDALE FL 33308 Zip Code City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. -This corporation is eligible to satisfy its Intangible \$5.00_May.Be. lection Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. rust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE ☐ Change Addition TITLE Delete NAME SAUMSIEGLE, CHRISTOPHER NAME STREET ADDRESS 3212 NE 32ND ST STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33308 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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