

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90083 003 ***150.00

DOCUMENT # P94000080714

1. Entity Name

SPECIALTY MARINE PRODUCTS, INC.

Principal Place of Business

Mailing Address

205 SR 207
 ST AUGUSTINE FL 32095
 US

205 SR 207
 ST AUGUSTINE FL 32095
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3266415

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, RALPH L
1646 RED CYPRESS DRIVE
JACKSONVILLE FL 32223

Name **Michael R. Freeman**

Street Address (P.O. Box Number is Not Acceptable)
205 SR 207

City **St. Augustine**

FL

Zip Code **32084**

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 *Michael R. Freeman*

Michael R. Freeman President 02/01/02

Signature, typed or printed name of registered agent and title if applicable.

(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. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PT <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, RALPH	NAME	
STREET ADDRESS	1646 RED CYPRESS DRIVE	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32223	CITY-ST-ZIP	
TITLE	VPS <input type="checkbox"/> Delete	TITLE	PT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, MICHEAL R	NAME	Freeman, Michael R.
STREET ADDRESS	1808 WRIGHT DR	STREET ADDRESS	205 SR 207
CITY-ST-ZIP	DAYTONA FL 32124	CITY-ST-ZIP	St. Augustine, FL 32084
TITLE	<input type="checkbox"/> Delete	TITLE	VPS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Witty, Robert W
STREET ADDRESS		STREET ADDRESS	205 SR 207
CITY-ST-ZIP		CITY-ST-ZIP	St. Augustine, FL 32084
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael R. Freeman* **Michael R. Freeman 01/29/02 904-823-9294**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)