

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2001 8:00 am
Secretary of State
 04-28-2001 90022 037 ***150.00

0046384

DOCUMENT # P97000043253

1. Entity Name

MOBILE MARINE REPAIR & SERVICE, INC.

Principal Place of Business

**14 POINSETTIA DR
 DELAND FL 32724
 US**

Mailing Address

**14 POINSETTIA DR
 DELAND FL 32724
 US**

2. Principal Place of Business

1060 S. Ridgewood Ave

3. Mailing Address

1060 S. Ridgewood Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

De Land, FL

City & State

De Land, FL

4. FEI Number

65-0798396

Applied For

Not Applicable

Zip

32720

Country

USA

Zip

32720

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GERCAK, PAUL
 14 POINSETTIA DR
 DELAND FL 32724**

7. Name and Address of New Registered Agent

Name

PAUL GERCAK

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

1060 S. Ridgewood Ave

City

De Land

FL

Zip Code

32720

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)

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, 2001 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

TITLE **D** ☐ Delete
 NAME **GERCAK, PAUL**
 STREET ADDRESS **14 POINSETTIA DR**
 CITY-ST-ZIP **DELAND FL 32724**

TITLE **D** ☐ Delete
 NAME **GERCAK, IRENE**
 STREET ADDRESS **14 POINSETTIA DR**
 CITY-ST-ZIP **DELAND FL 32724**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **GERCAK, PAUL**
 STREET ADDRESS **1060 S. RIDGEWOOD AVE**
 CITY-ST-ZIP **DELAND, FL 32720**

TITLE ☒ Change ☐ Addition
 NAME **GERCAK, IRENE**
 STREET ADDRESS **1060 S. RIDGEWOOD AVE**
 CITY-ST-ZIP **DELAND, FL 32720**

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

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

Irene C. Gercak
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/01 3867346756

CR2E034 (10/00)