

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000073069

07-13-2000 90267 018 \*\*\*150.00

P99000073069

1. Entity Name  
**VANGUARD MARINE INTERNATIONAL, INC.**

FILED

00 OCT 27 PM 3: 22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
6500 NW 12TH AVE  
SUITE 118  
FT LAUDERDALE FL 33309

Mailing Address  
6500 NW 12TH AVE  
SUITE 118  
FT LAUDERDALE FL 33309

2. Principal Place of Business  
*5620 NW 12th AVENUE*

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
*FT LAUDERDALE FL*

City & State  
*FT LAUDERDALE FL*

Zip  
*33309*

Country  
*BROWARD*

4. FEI Number  
*05-094-2444*

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CRAIG, DEBORAH A  
6500 NW 12TH AVE  
SUITE 118  
FT LAUDERDALE FL 33309

7. Name and Address of New Registered Agent

Name  
*DEBORAH A CRAIG*

Street Address (P.O. Box Number is Not Acceptable)  
*5620 NW 12th AVENUE*

City  
*FT LAUDERDALE* FL Zip Code  
*33309*

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 *Deborah A. Craig* *Deborah A. Craig* *7/10/00*  
Signature (Typed or printed name of registered agent and state applicable.) (NOTE: Registered Agent signature required when releasing.) 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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<i>PRESIDENT</i> <i>ANDREW J. DISTER</i> <i>5620 NW 12th AVE</i> <i>FT LAUDERDALE, FL 33309</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VICE PRESIDENT</i> <i>DEBORAH A. CRAIG</i> <i>5620 NW 12th AVENUE</i> <i>FT LAUDERDALE, FL 33309</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **SIGNATURE REQUIRED** *Deborah A. Craig* *10/23/00 (904) 776-6220*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #