

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90100 003 ***158.75

DOCUMENT # P99000079337

1. Entity Name
SPECIALTY MARINE CONTRACTORS, INC.

Principal Place of Business

Mailing Address

5833 LULLABY LN
 MAITLAND FL 32751

846 YORK WAY
 MAITLAND FL 32751

2. Principal Place of Business

3. Mailing Address
PO BOX 607549

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Orlando, Florida

4. FEI Number **59-3599409**

Applied For
 Not Applicable

Zip

Country

Zip **32860-7549** Country **USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~CAIAZZA, MICHAEL A~~
 846 YORK WAY
 MAITLAND FL 32751

Name

Street Address (P.O. Box Number is Not Acceptable)
229 Wood Lake Drive

City **Maitland**

FL

Zip Code **32751**

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 A. Caiazza*

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

(NOTE: Registered Agent signature required when reinstating)

1/15/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	PSTD CAIAZZA, MICHAEL A 846 YORK WAY MAITLAND FL 32751		

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 A. Caiazza*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/01

Date

(407) 463-4212

Daytime Phone #

CR2E034 (10/00)