2002 Uniform Business Report (UBR)

Apr 10, 2002 8:00 am Secretary of State J27351 DOCUMENT # 1. Entity Name CUSTOM MARINE COMPONENTS, INC. 04-10-2002 90755 034 ***150.00 Principal Place of Business Mailing Address 13755 ATLANTIC BLVD 13755 ATLANTIC BLVD JACKSONVILLE FL 32225 JACKSONVILLE FL 32225 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2703663 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JOHN SAMPSONT Street Address (P.O. Box Number is Not Acceptable) 1719 BLANDING BLVD. JACKSONVILLE FL 32210 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust 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 ☐ Addition TITLE □ Delete TITLE LEIDECKER, LOUIS E. NAME NAME STREET ADDRESS STREET ADDRESS PLUMOSA DR. CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE DV NAME NAME QUINLAN, JOHN J. STREET ADDRESS STREET ADDRESS **BEAN STR** CITY-ST-ZIP FERNANDINA BCH FL CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADORESS

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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 justee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

of the corporation or the receiver or changed, or on an attachment will

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all other like empowered

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