

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90291 047 ***150.00

DOCUMENT # 304366

1. Entity Name

TAD'S MARINE SERVICE, INC.

Principal Place of Business

4935 SW 2ND PL
CAPE CORAL FL 33914
US

Mailing Address

4935 SW 2ND PL
CAPE CORAL FL 33914
US

00014004

2. Principal Place of Business

214 S.W. 31st Street

3. Mailing Address

214 S.W. 31st Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Cape Coral FL

City & State

Cape Coral FL

4. FEI Number 59-1119601

Applied For
Not Applicable

Zip

33914

Country

Lee

Zip

33914

Country

Lee

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NOBBE, MORRIS O III
4935 S.W. 2ND PLACE
CAPE CORAL FL 33914

7. Name and Address of New Registered Agent

Name

Nobbe, Morris O. III

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

214 S.W. 31st St.

City

Cape Coral

FL

Zip Code

33914

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

Marri O. Nobbe

2-2-01

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	PD	<input type="checkbox"/> Delete
NAME	NOBBE, MORRIS III	
STREET ADDRESS	4935 SW 2ND PLACE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	NOBBE, MARGO	
STREET ADDRESS	4935 SW 2ND PLACE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOBBE, MORRIS III	
STREET ADDRESS	214 S.W. 31 st Street	
CITY-ST-ZIP	Cape Coral FL 33914	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nobbe, Margo	
STREET ADDRESS	214 S.W. 31 st St.	
CITY-ST-ZIP	Cape Coral FL 33914	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Marri O. Nobbe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-01

Date

941-242-4343

Daytime Phone #

CR2E034 (10/00)