

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90245 019 ***150.00

DOCUMENT # 505121

1. Entity Name
PENINSULAR MARINE ENTERPRISES A CORPORATION



Principal Place of Business
**6000 PENINSULA AVE
KEY WEST FL 33040
US**

Mailing Address
**6000 PENINSULA AVE
KEY WEST FL 33040
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1673908**

Applied For
Not Applicable

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

**MING, JR., E. J.
6000 PENINSULA AVE
KEY WEST FL 33040**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	MING, ROBERT M.	
STREET ADDRESS	5175 ALLIGATOR ROAD	
CITY-ST-ZIP	ST. CLOUD FL	
TITLE	PS	<input type="checkbox"/> Delete
NAME	MING, E. J. JR.	
STREET ADDRESS	6000 PENINSULA AVE	
CITY-ST-ZIP	KEY WEST FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MING, DONALD	
STREET ADDRESS	6000 PENINSULA AVE	
CITY-ST-ZIP	KEY WEST FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MING, ROBERT D	
STREET ADDRESS	6000 PENINSULA AVE	
CITY-ST-ZIP	KEY WEST FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	MING, ELTON D	
STREET ADDRESS	6000 PENINSULA AVE	
CITY-ST-ZIP	KEY WEST FL	
TITLE		<input type="checkbox"/> Delete
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
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Robert D. Ming **2-13-03** **305-296-8110**

CR2E034 (10/02)