

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 517194

1. Entity Name

QUALITY MARINE PRODUCTS RESEARCH, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90018 047 ***150.00

Principal Place of Business

Mailing Address

1090 FAIRVIEW LANE
RIVIERA BEACH FL 33404

1090 FAIRVIEW LANE
RIVIERA BEACH FL 33404-2723

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1773943

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MABIE, J. RALPH
319 CLEMATIS ST
WEST PALM BCH FL 33401

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.

SIGNATURE

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, 2000 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
P	NEUMANN, DONALD ROGER	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1090 FAIRVIEW LANE		
CITY-ST-ZIP	RIVIERA BEACH FL		
ST	NEUMANN, JANET S.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1090 FAIRVIEW LANE		
CITY-ST-ZIP	RIVIERA BEACH FL		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<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: *Donald R. Neumann*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-00 561 818 4488
Date Daytime Phone #

CR2E034 (9/99)