

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 563838

1. Entity Name

J & J MARINE SERVICE, INC.

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90026 010 \*\*\*150.00

C0036641



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

1628 MONMOUTH LN.  
KEY LARGO FL 33037

1628 MONMOUTH LN.  
KEY LARGO FL 33037-2811

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1810149**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

**FL**

Zip Code

**NIMAN, JOSEPH A.**  
**1628 MONMOUTH LN.**  
**KEY LARGO FL 33037**

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	PD	TITLE	
NAME	NIMAN, JOSEPH A.	NAME	
STREET ADDRESS	1628 MONMOUTH LN.	STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	ST	TITLE	
NAME	NIMAN, JOSEPH A.	NAME	
STREET ADDRESS	1628 MONMOUTH LN.	STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	VD	TITLE	
NAME	NIMAN, JOSEPH A.	NAME	
STREET ADDRESS	1628 MONMOUTH LN.	STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL	CITY-ST-ZIP	
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TITLE		TITLE	
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CITY-ST-ZIP		CITY-ST-ZIP	
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

CR2E034 (9/99)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/9/2000** **305-451-4586**  
Date Daytime Phone #