

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 618558

1. Entity Name

MARINE ELECTRICAL DESIGN, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90002 020 ***158.75

Principal Place of Business

Mailing Address

7855-126TH AVENUE N.
LARGO FL 33773
US

5671 BAYVIEW DRIVE N.
SEMINOLE FL 33772-7045
US

New

2. Principal Place of Business

10720 72nd Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 305

City & State

LARGO, Florida

City & State

Zip

33777

Country

US

Zip

Country

4. FEI Number

59-1903488

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

LUCZAK, DAVID
3300 EAST BAY DRIVE
SUITE 103
LARGO FL 33541

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

TITLE PD
NAME REISCHMANN, RICHARD H
STREET ADDRESS 5671 BAYVIEW DR
CITY-ST-ZIP SEMINOLE, FL 33542 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ZIP 33772-7045 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 11 27 2000

Date

1727 377-1183

Daytime Phone #