

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 619340

1. Entity Name

LATHAM MARINE, INC.

Principal Place of Business

280 S.W. 32ND CT.
FT. LAUDERDALE FL 33315

Mailing Address

280 S.W. 32ND CT.
FT. LAUDERDALE FL 33315-3325

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

59-1905286

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LATHAM, ROBERT
280 SW 32ND CT
FT LAUDERDALE FL 33315

7. Name and Address of New Registered Agent

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
PS	LATHAM, ROBERT P.	280 S.W. 32ND COURT	FT. LAUDERDALE FL 33315	☐
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 11)

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change	☐ Addition
TITLE	NAME	STREET ADDRESS <td>CITY - ST - ZIP</td> <td>☐ Change</td> <td>☐ Addition</td>	CITY - ST - ZIP	☐ Change	☐ Addition
TITLE	NAME	STREET ADDRESS <td>CITY - ST - ZIP</td> <td>☐ Change</td> <td>☐ Addition</td>	CITY - ST - ZIP	☐ Change	☐ Addition
TITLE	NAME	STREET ADDRESS <td>CITY - ST - ZIP</td> <td>☐ Change</td> <td>☐ Addition</td>	CITY - ST - ZIP	☐ Change	☐ Addition
TITLE	NAME	STREET ADDRESS <td>CITY - ST - ZIP</td> <td>☐ Change</td> <td>☐ Addition</td>	CITY - ST - ZIP	☐ Change	☐ Addition
TITLE	NAME	STREET ADDRESS <td>CITY - ST - ZIP</td> <td>☐ Change</td> <td>☐ Addition</td>	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

Date

Daytime Phone #

Kathleen C. Latham KATHLEEN C. LATHAM 3-1-2000 954-462-3055

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90015 023 ***150.00

60037778



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)