

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 15, 2002 8:00 am
Secretary of State

07-15-2002 90192 012 ***555.00

DOCUMENT # 694797

1. Entity Name

M. I. T. MARINE ELECTRIC CORP.

Principal Place of Business

**9410 FLORIDA MINING BLVD
 JACKSONVILLE FL 32257-1178**

Mailing Address

**9410 FLORIDA MINING BLVD
 JACKSONVILLE FL 32257-1178**

2. Principal Place of Business

3. Mailing Address

P.O. BOX 351239

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

JACKSONVILLE FL

Zip

Country

Zip

Country

32235 DUVAL

4. FEI Number

59-2118930

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

**ALLEN, BRINTON & SIMM
 3200 INDEPENDENT SQUARE
 SUITE 300
 JACKSONVILLE FL 32202**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

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**FILE NOW!!! FEE IS \$550.00
 After September 13, 2002 Fee will be \$750.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

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**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**VS
 KOKKINOS, IRENE
 9410 FLORIDA MINING BLVD
 JACKSONVILLE, FL 00000**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP

**PTD
 KOKKINOS, MICHAEL T
 9410 FLORIDA MINING BLVD
 JACKSONVILLE, FL 00000**

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☐ 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

(Pres)

7/10/02

Date

904-641-0181

Daytime Phone #

CR2E034 (4/02)