## 2002 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT#718344**

Entity Name: MARINE INDUSTRIES ASSOCIATION OF FLORIDA, INC.

FILED Apr 25, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 430746 MIAMI, FL 332430746

Current Mailing Address: New Mailing Address:

P.O. BOX 430746 MIAMI, FL 332430746

FEI Number: 59-2001363 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RAY, DAVID D. 605 BLUE ROAD CORAL GABLES, FL 33146 US

**OFFICERS AND DIRECTORS:** 

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:

Electronic Signature of Registered Agent Date

## Electronic Olynature of Negistered A

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 SPRAGUE, JOHN H
 Name:
 LEWIS, JOE H

 Address:
 10918 LARCH CT.
 Address:
 148 CHARLES AVENUE

 City-St-Zip:
 PALM BEACH GARDENS, FL 33418
 City-St-Zip:
 MT. DORA, FL 32757

Title: VD ( ) Delete Title: VD (X) Change ( ) Addition

Name: SAXTON, JANET K Name: SAXTON, JANET K

 Address:
 1525 S. ANDREWS AV-STE. 216
 Address:
 416 SE 15 ST

 City-St-Zip:
 FT. LAUDERDALE, FL 33316
 City-St-Zip:
 FT. LAUDERDALE, FL 33316

Title: VD () Delete Title: TD (X) Change () Addition Name: LEWIS, JOE Name: KIEFER, MIKE

Address: 148 CHARLES AVENUE Address: 2400 SE FEDERAL HWY - STE 320

Address: 148 CHARLES AVENUE Address: 2400 SE FEDERAL HWY - STE 320 City-St-Zip: MT. DORA, FL 32757 City-St-Zip: STUART, FL 34994

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 RAY, DAVID D
 Name:

 Address:
 605 BLUE ROAD
 Address:

 City-St-Zip:
 CORAL GABLES, FL 33146
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID D. RAY D 04/25/2002