

2002 UNIFORM BUSINESS REPORT (UBR)

0628923 AT

DOCUMENT # F01000004870

1. Entity Name
ORCAS MARINE PRODUCTS, INC.

FILED

02 OCT 16 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

7 AIRPORT WAY
EASTSOUND WA 98245

Mailing Address

PO BOX 729
EASTSOUND WA 98245

2. Principal Place of Business

6843 N Citrus Ave, Suite M

3. Mailing Address

6843 N Citrus Ave

Suite, Apt. #, etc.

Suite M

Suite, Apt. #, etc.

Suite M

City & State

Crystal River FL

City & State

Crystal River FL

Zip

Country

34428-6933

Zip

Country

34428-6933

4. FEI Number

93-1083015

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAY, LILLIAN JANE
2109 COACHMAN ROAD
SPRING HILL FL 34608

7. Name and Address of New Registered Agent

Name

Barbara Head

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

6843 N Citrus Ave

Suite M

City

Crystal River

FL

34428-6933

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

Barbara Head office Manager 10/10/02

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, 2002 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 C
NAME WARREN, NANI S
STREET ADDRESS 2365 SW MADISON
CITY-ST-ZIP PORTLAND OR 97205

☐ Delete

TITLE P
NAME COTTON, OREN L
STREET ADDRESS PO BOX 729
CITY-ST-ZIP EASTSOUND WA 98245

☐ Delete

TITLE S
NAME SCHWARTZ, JACK B
STREET ADDRESS 421 SW 6TH AVENUE, SUITE 1212
CITY-ST-ZIP PORTLAND OR 97201

☐ Delete

TITLE T
NAME COTTON, CAROL R
STREET ADDRESS PO BOX 729
CITY-ST-ZIP EASTSOUND WA 98245

☐ 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

300008527043

10/22/02--01121--017 **550.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

Carol R Cotton Treas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/10/02 (360)376-3511

CR2E034 (9/01)