

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F66123**

1. Entity Name

**MARELCO MARINE ELECTRONICS & SUPPLY, INC.****FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90020 042 \*\*\*150.00

Principal Place of Business

Mailing Address

~ WILLIAM T POPE, JR  
1432 N HARBOR CITY BLVD  
FL 32935% WILLIAM T POPE, JR  
1432 N HARBOR CITY BLVD  
MELBOURNE FL 32935-6555

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-2172540**

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

POPE, WILLIAM T., JR  
1432 N HARBOR CITY BLVD.  
MELBOURNE FL 32935

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	POPE, WILLIAM T JR	NAME	
STREET ADDRESS	409 CARDINAL DR	STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BCH., FL 00000	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	POPE, WILLIAM T III	NAME	
STREET ADDRESS	491 OLD RIDGE RD.	STREET ADDRESS	
CITY-ST-ZIP	MACON, GA 00000	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	HORNING, ROBERT J	NAME	
STREET ADDRESS	512 ELEUTHERA LN	STREET ADDRESS	
CITY-ST-ZIP	INDIAN HARBOR BCH FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:

*RJ Horning V.P.*

2-15-00

321-254-8855

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)