

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000004865

1. Entity Name

MACOR MARINE SYSTEMS INTERNATIONAL, INC.

FILED

May 09, 2000 8:00 am
Secretary of State

05-09-2000 90060 039 ***150.00

Principal Place of Business

Mailing Address

9471 BAYMEADOWS RD
STE 307
JACKSONVILLE FL 32256
US

9471 BAYMEADOWS RD
STE 307
JACKSONVILLE FL 32256-7936
US

2. Principal Place of Business

11474 Columbia Park Dr. W.

3. Mailing Address

11474 Columbia Park Dr. W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip

32258

Country

USA

Zip

32258

Country

USA

6. Name and Address of Current Registered Agent

MASON, DEMERE
516 WEST ADAMS STREET
JACKSONVILLE FL 32202

Name

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

City

FL

Zip Code

4. FEI Number

56-1745296

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

Name and Address of New Registered Agent

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 PC
NAME MARTIN, HELMUT
STREET ADDRESS HANS BOEKLER STRASSE 50/BREMEN, D-28091
CITY-ST-ZIP GERMANY ☒ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ☒

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PC
NAME Joannes Gerrit van der Kuy
STREET ADDRESS Hans-Böckler-Str. 50
CITY-ST-ZIP D-28217 Bremen (Germany) ☒ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE: REVALDERED Kuy

2nd May, 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #