

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005953

1. Entity Name

MARINE FINANCIAL SERVICES, INC.

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90070 001 \*\*\*150.00

Principal Place of Business

3660 N.W. 21ST STREET  
MIAMI FL 33142

Mailing Address

3660 N.W. 21ST STREET  
MIAMI FL 33142-6810

00032330

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

51-0383337

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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 restate)

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	P	<input type="checkbox"/> Delete
NAME	JOUSMA, GEORGE	
STREET ADDRESS	3660 N.W. 21ST STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	TOMSICH, JOHN R	
STREET ADDRESS	6140 PARKLAND BLVD	
CITY-ST-ZIP	MAYFIELD HEIGHTS OH	
TITLE	S	<input type="checkbox"/> Delete
NAME	BRAINARD, PATRICK	
STREET ADDRESS	6140 PARKLAND BLVD	
CITY-ST-ZIP	MAYFIELD HEIGHTS OH	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOMSICH, ROBERT J	
STREET ADDRESS	6140 PARKLAND BLVD	
CITY-ST-ZIP	MAYFIELD HEIGHTS OH	
TITLE	V	<input type="checkbox"/> Delete
NAME	STRUL, RICARDO	
STREET ADDRESS	3660 N.W. 21ST STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	M	<input checked="" type="checkbox"/> Delete
NAME	COLAGIOVANNI, PETER M	
STREET ADDRESS	3660 N.W. 21ST STREET	
CITY-ST-ZIP	MIAMI FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)