

2002 UNIFORM BUSINESS REPORT (UBR)

0263767 AV

DOCUMENT # F99000001049

1. Entity Name
MARINE SERVICE PARTNERS, INC.

FILED

02 APR 24 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA 13974



DO NOT WRITE IN THIS SPACE

Principal Place of Business

330 BISCAYNE BLVD., STE 802
MIAMI FL 33132

Mailing Address

330 BISCAYNE BLVD., STE 802
MIAMI FL 33132

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0903995

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

(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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME LEMARIE, GHISLAIN
STREET ADDRESS 330 BISCAYNE BLVD., STE 802
CITY-ST-ZIP MIAMI FL

TITLE ☐ Change ☐ Addition
NAME 200005452042--2
STREET ADDRESS -05/06/02--01003--021
CITY-ST-ZIP ****150.00 ****150.00

TITLE V ☐ Delete
NAME GRIGNON, CHRISTOPHE
STREET ADDRESS 330 BISCAYNE BLVD., STE 802
CITY-ST-ZIP MIAMI FL 33132

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

TITLE T ☐ Delete
NAME SCHAD, JEFF
STREET ADDRESS 2000 DAY HILL ROAD
CITY-ST-ZIP WINDSOR CT 06095

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

TITLE VD ☒ Delete
NAME CHARLES, MICHAEL
STREET ADDRESS 7 RUE DES METIERS
CITY-ST-ZIP ERMONT, FRANCE

TITLE SECRETARY ☐ Change ☒ Addition
NAME ANTHONY D'10RO
STREET ADDRESS 2000 DAY HILL ROAD
CITY-ST-ZIP WINDSOR CT 06095

TITLE VD ☐ Delete
NAME CHARLES, MICHAEL
STREET ADDRESS 7 RUE DES METIERS
CITY-ST-ZIP ERMONT, FRANCE

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

TITLE V ☐ Delete
NAME LESAVRE, GEORGE
STREET ADDRESS VENUE BOURDELLE BP 400
CITY-ST-ZIP SAINT NAZAIRE CEDEX FRANCE

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ghislain LEMARIE Jan 31 02 (305) 381 9629

Date

Daytime Phone #

CR2E034 (9/01)