## **2001 UNIFORM BUSINESS REPORT (UBR)**

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## FILED Apr 30, 2001 8:00 am Secretary of State **DOCUMENT # G28453** 1. Entity Name C & R MARINE, INC. 04-30-2001 90076 024 \*\*\*150.00 Principal Place of Business Mailing Address 235 15TH AVE SE 235 15TH AVE SE ST PETERSBURG FL 33701 ST PETERSBURG FL 33701 US HS 2. Principal Place of Business 3. Mailing Address 1861 Arrowhead HWE 1861 Arrownead Dr. WE Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-2271318 *Yele* Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 703 USA Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RANDALL, RICHARD R. Street Address (P.O. Box Number is Not Acceptable) 235 15TH AVE SE 1861 Arrowhead Dr. NE ST PETERSBURG FL 33701 Zip Code 33703 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 Fiorida. ISICHARD R PANDOU 4/23/0 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Change TITLE ☐ Delete NAME RANDALL, RICHARD R. JR NAME 1861 ARROWHEAD DR NE STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL CITY-ST-ZIP CITY-ST-ZIP TITLE X Delete Addition NAME RANDALL, CAROLYN H NAME STREET ADDRESS 1861 ARROWHEAD DR NE STREET ADDRESS CITY-ST-ZIP ST PETERSNURG FL CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition. NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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