2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # H22687** Jan 12, 2000 8:00 am 1. Entity Name Secretary of State CO-ORDINATED MARINE SERVICES, INC. 01-12-2000 90095 045 ***150.00 Principal Place of Business Mailing Address 1130 ALABAMA AVENUE 1430-ALABAMA AVENUE FT: LAUDERDALE FL- 33312 FT.-LAUDERDALE FL"33004-3715 2. Principal Place of Business Ave 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 308 Applied For City & State City & State 4. FEI Number 59-2495688 Not Applicable ania Zip [™]Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33004 ROWAR 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BYRNES, MICHAEL J. Street Address (P.O. Box Number is Not Acceptable) -1130 ALABAMA AVENUE FT-LAUDERDALE FL 93312 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE BYRNES, MICHAEL J. NAME 101 SE 3Rd Ave # 308 NAME 1.130-ALABAMA AVENUE STREET ADDRESS STREET ADDRESS Dania, FL 33004 CITY-ST-ZIP FT-LAUDERDALE FL CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE BYRNES, PATRICIA S. NAME 3Rd Are # 308 1130-ALABAMA AVENUE STREET ADDRESS STREET ADDRESS FT_LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP --- Change Ch ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.