

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90020 001 ***300.00

DOCUMENT-# H25664

1. Entity Name
MARINE FASTENERS, INC.

Principal Place of Business Mailing Address
120 MARITIME DR. P.O. BOX 471381
SANFORD FL 32771 LAKE MONROE FL 32747-1381
US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2447285** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRANTLEY, CARL W., JR.
2920 STONEWALL PLACE
SANFORD FL 32773

Name
 Street Address (P.O. Box Number is Not Acceptable)
120 MARITIME DR
 City **SANFORD FL 32771 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **PVS**
 STREET ADDRESS **BRANTLEY, CARL W., JR.**
 CITY-ST-ZIP **2468 CHANTILLY TR. OVIEDO FL**

TITLE Change Addition
 NAME
 STREET ADDRESS **120 MARITIME DR**
 CITY-ST-ZIP **SANFORD FL 32771**

TITLE Delete
 NAME **T**
 STREET ADDRESS **BRANTLEY, CARL W., JR.**
 CITY-ST-ZIP **2468 CHANTILLY TR. OVIEDO FL**

TITLE Change Addition
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 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: Carl Brantley
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/00 407-321-2994
 Date Daytime Phone #

034 19/99