

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H37293

1. Entity Name

MARINE ACCIDENT RECONSTRUCTION COMPANY

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90067 033 ***150.00

Principal Place of Business	Mailing Address
RABB, DANIEL W SUITE 821 MIAMI FL 33146 US	1320 S DIXIE HIGHWAY 821 MIAMI FL 33146-2912 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
RABB, DANIEL W. Suite, Apt. #, etc. SUITE 850 City & State MIAMI FL Zip 33146 Country USA	1320 S DIXIE HIGHWAY Suite, Apt. #, etc. #850 City & State MIAMI, FL Zip 33146 Country USA

4. FEI Number	59-2489196	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RABB, DANIEL W GABLES ONE TOWER SUITE 850 1320 S DIXIE HIGHWAY MIAMI FL 33146	Name DANIEL W RABB Street Address (P.O. Box Number is Not Acceptable) GABLES ONE TOWER, SUITE 850 1320 S DIXIE HIGHWAY City MIAMI FL Zip Code 33146

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 reinstating)	DATE
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENDLING, ROBERT E.	NAME	
STREET ADDRESS	ROUTE 2, BOX 1646	STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL	CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENDLING, JOAN	NAME	
STREET ADDRESS	ROUTE 2, BOX 1646	STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: <i>Joan Wendling</i>	JOAN WENDLING DIRECTOR	904-328-6300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #

CR2E034 (9/99)