

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90334 048 ***150.00

DOCUMENT # H93125

1. Entity Name
MARINE PARTS, INC.

Principal Place of Business

**5170 126TH AVE N
 CLEARWATER FL 33759**

Mailing Address

**5170 126TH AVE N
 SUITE 155
 CLEARWATER FL 33759**

923753



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

320 Buttonwood Ln
 Suite, Apt. #, etc.

320 Buttonwood Ln
 Suite, Apt. #, etc.

City & State

Largo FL

City & State

Largo FL

4. FEI Number **59-2627618**

Applied For

Not Applicable

Zip

33770

Country

Pinelass

Zip

33770

Country

Pin

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

**CHRISSINGER, JAMES L
 320 BUTTONWOOD LN
 LARGO FL 33770**

Name

JAMES L. Chrissinger

Street Address (P.O. Box Number is Not Acceptable)

City

**320 Buttonwood Ln
 Largo FL**

State

Zip Code

33770

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

2-21-01

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, 2001 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 **PDS**
 STREET ADDRESS **CHRISSINGER, JAMES**
 CITY-ST-ZIP **320 BUTTON WOOD LANE**
LARGO FL

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
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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:

JAMES L. Chrissinger

Date

2-21-01

Daytime Phone #

727-518-7894

CR2E034 (10/00)