FILED

Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90493 028 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J72037

1. Entity Name

MARINE FASTENERS MIDWEST, INC.

							9				
Principal Place of Business 120 MARITIME DR. SANFORD FL 32771 US			P.O. 8 Lake	Mailing Address P.O. BOX 471318 LAKE MONROE FL 32747							
us			US								
2. Principal Place of Business			3. Ma	3. Mailing Address			-				
Suite, Apt. #, etc.			Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State				4.	4. FEI Number 62-1315608 Applied For			
Zip	Co	ountry	Zip		Coun	itry	5.	Certificate of Status Desired \$8.	75 A	Not Applicable additional	
	6. Name and	Address of Curren	t Registere	ed Agent		<u> </u>	7.	Name and Address of New Registered Agen	Requi	reo	
DDAAIT! E				<u>-</u>		Name		- The state of the	<u> </u>		
120 MART	Y, CARL W. JR		Stree			ss (P.O. Box Number is Not Acceptable)					
SANFORD FL 32771								+			
						City					
						City			Zip Co		
the obliga	e named entity subrations of registered a	nits this statement f agent.	or the purp	ose of changing its	registere	ed office or registe	ered ag	gent, or both, in the State of Florida. I am famili	ar with	n, and accept	
SIGNATURE				······································							
<u> </u>		d name of registered agen	t and title if appl	licable. (NOTE	: Registered	1 Agent signature require	ed when re	einstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of			of State	ee ·				9. Election Campaign Financing Trust Fund Contribution.		00 May Be	
10.	 -	OFFICERS AND		RS	11.		ΑĎ	L DDITIONS/CHANGES TO OFFICERS AND DIRE	-CTO	25 IN 11	
TITLE	D	. 164 15		☐ Delete	TITLE				Change	Addition	
name Street address	BRANTLEY, CAR 120 MARITIME D				NAME	1	·		-		
CITY-ST-ZIP	SANFORD FL 32					T ADDRESS ST-ZIP					
THILE				☐ Delete	TITLE				Change	Addition	
NAME					NAME				···ui/go		
STREET ADORESS City-St-Zip						T ADDRESS ST-ZIP					
TITLE				☐ Delete	TITLE	01-211	-		hange	Addition	
NAME				ree re	NAME		٠	-	nange	L_ Addition	
STREET ADDRESS CITY - ST - ZIP						T ADDRESS					
TITLE				Delete	CITY-	51-217					
NAME				L.J Delete	TITLE NAME				hange	☐ Addition	
STREET ADDRESS					STREE	T ADDRESS					
CITY-ST-ZIP					CITY-S	ST-ZIP					
TTLE IAME				☐ Delete	TITLE				hange	☐ Addition	
TREET ADDRESS					NAME STREET	ADDRESS					
ITY-ST-ZIP					CITY-S					İ	
ITLE				☐ Delete	TITLE		•	□ C	hange	Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OP PRECTOR

1-10-03

H07-321-29 9