

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91744 035 ***150.00

DOCUMENT # J 79097

1. Entity Name

MARIWER MARINE
P.O. BOX 10147
TAMPA FL 33679

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1620 E ADAMO DR
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 10147
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TAMPA FL

Zip

33605

Country

City & State

TAMPA FL

Zip

33679

Country

HILLSBOROUGH

4. FEI Number

59-2780957

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name CLARENCE MC FERON

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

3514 VASCONIA

TAMPA FL 33629

City

FL

Zip Code

**DO NOT WRITE
IN THIS SPACE**

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

CLARENCE MC FERON
3514 VASCONIA
TAMPA FL 33629

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DENNIS MC FERON
3821 CORONA ST
TAMPA FL 33629

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

JOSEPHINE MC FERON
3416 S BEACH DR
TAMPA FL 33629

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
J. Sephina P. Mc Feron SEC/TREAS. 5-14-02 813-837-0997
Date Daytime Phone #

CR2ED34B (12/97)