

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K16720

1. Entity Name

CLC MARINE SERVICES INC.

**FILED**  
**Mar 17, 2000 8:00 am**  
**Secretary of State**

03-17-2000 90032 039 \*\*\*150.00

Principal Place of Business

4275 ORANGE DRIVE  
FT. LAUDERDALE FL 33314

Mailing Address

4275 ORANGE DRIVE  
FT. LAUDERDALE FL 33314

A0030862



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4725 ORANGE Drive

3. Mailing Address

4725 ORANGE Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0050734

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DELOITTE TOUCHE LLP  
100 SOUTHEAST SECOND STREET  
SUITE 2500  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

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

City

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

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) ☐

**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARMITAGE, PETER BT CHURCH LANE, CURDRIDGE, SOUTHAMPTON HAMPSHIRE UK - S03 2DR	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ADAMS, CHRISTOPHER CLIFTON COTTAGE BUCKS HEAD HILL, MEONSTROK SOUTHAMPTON, HAMPSHIRE UK S03 -INA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WEISBERG, DAVID 21 RICHWOOD PLACE DENVER NJ 07834	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ISLES, MARK W 209 CUTBUSH LANE, TOWNHILL PARK SOUTHAMPTON HAMPSHIRE UK S018 -SGF	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THWAITES, JENNY 18 TWIGGS END CLOSE, LOCKS HEATH SOUTHAMPTON, HAMPSHIRE UK S031 -7ET	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

V.P.  
MARK BUCHALTER  
4725 ORANGE DRIVE  
FT. LAUDERDALE FLA 33314

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/00 (954) 587-6702

CR2E034 (9/99)