

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 20, 2001 8:00 am  
Secretary of State

04-20-2001 90158 025 \*\*\*150.00

DOCUMENT # K56569

1. Entity Name

COMPETITION MARINE, INC.

Principal Place of Business

% KENNETH W STRICKLAND  
4208 NORTH TRASK  
TAMPA FL 33614

Mailing Address

% KENNETH W STRICKLAND  
4208 NORTH TRASK  
TAMPA FL 33614

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2998908

Applied For

Not Applicable

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

STRICKLAND, KENNETH W.  
4208 NORTH TRASK  
TAMPA FL 33614

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, 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 P ☐ Delete  
NAME STRICKLAND, KEN  
STREET ADDRESS 4208 N TRASK  
CITY-ST-ZIP TAMPA FL

TITLE Vice President ☒ Change ☐ Addition  
NAME Strickland, Ken  
STREET ADDRESS 4208 N. Trask  
CITY-ST-ZIP Tampa, FL

TITLE VP ☐ Delete  
NAME RAMOS, JACK  
STREET ADDRESS 14912 CAPRI LANE  
CITY-ST-ZIP HUDSON FL

TITLE President ☒ Change ☐ Addition  
NAME Ramos, Jack  
STREET ADDRESS 14912 Capri Lane  
CITY-ST-ZIP Hudson, FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

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: *Jack Ramos*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-14 01

CR2E034 (10/00)