

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 13, 2000 8:00 am
Secretary of State

02-13-2000 90012 017 ***150.00

DOCUMENT # K68271

1. Entity Name

MARINE CONSULTANTS INCORPORATED

Principal Place of Business

% FRANK K. MYERS
4414 WHITTON WAY
NEW PORT RICHEY FL 34653

Mailing Address

PO BOX 2078
PALM HARBOR FL 34680-0128

2. Principal Place of Business

3. Mailing Address

P.O. Box 128

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

EL FRERS, FL.

Zip

Country

34680

Country

4. FEI Number

65-0128376

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

MYERS, FRANK K.
% FRANK K. MYERS
4414 WHITTON WAY
NEW PORT RICHEY FL 34653

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **MYERS, FRANK K**
STREET ADDRESS **4414 WHITTON WAY**
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE **DP** ☐ Change ☒ Addition
NAME **Myers Rosales B.**
STREET ADDRESS **4414 Whitton Wy**
CITY-ST-ZIP **New Port Richey FL 34653**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DP** ☐ Change ☐ Addition
NAME **MYERS FRANK K**
STREET ADDRESS **4414 Whitton Wy**
CITY-ST-ZIP **New Port Richey, FL 34653**

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
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

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 #

1/27/00 727-937-5924

CR2E034 (9/99)