

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90036 012 ***150.00

DOCUMENT # K71116

1. Entity Name
MARITIME MARINE GROUP, INC.

Principal Place of Business

**9150 W PENNSYLVANIA AVE
 STUART FL 34997
 US**

Mailing Address

**9150 W PENNSYLVANIA AVE
 STUART FL 34997
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0126177

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

7. Name and Address of New Registered Agent

KRALY, STAN R

**~~2283 SW MURPHY RD~~
 PALM CITY FL 34990**

Name

Stan R Kraly

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

6984 SW Bosch St

City

Palm City

FL

Zip Code

34990

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, 2002 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PD
KRALY, STAN R
~~2283 SW MURPHY RD~~
PALM CITY FL 34990

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
6984 SW Bosch St
Palm City FL 34990

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VSD
KRALY, STAN R.
~~2283 SW MURPHY RD~~
PALM CITY FL 34990

☐ Delete

TITLE
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 CITY-ST-ZIP
6984 SW Bosch St
Palm City FL 34990

☒ Change ☐ Addition

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 CITY-ST-ZIP

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TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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 #

4/01/02

CR2E034 (9/01)