## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # K77878** May 10, 2000 8:00 am Secretary of State 1. Entity Name WINSLOW MARINE PRODUCTS CORPORATION 05-10-2000 90075 010 \*\*\*150.00 Principal Place of Business Mailing Address 11700 SW WINSLOW DR 11700 SW WINSLOW DR LAKE SUZY FL 34266 LAKE SUZY FL 34266-1902 2. Principal Place of Business 3. Mailing Address Suite Apt # etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0122883 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHOAFF FRED B. Street Address (P.O. Box Number is Not Acceptable) 928 S. TAMIAMI TRAIL OSPREY FL 34229 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPS TITLE ☐ Change ☐ Addition Delete TITLE SHOAFF, FRED B. NAME NAME 11700 SW WINSLOW DR STREET ADDRESS STREET ADDRESS LAKE SUZY FL 34266 CITY-ST-ZIP CITY-ST-78 ☐ Change ☐ Addition TITLE Delete TITLE PICKHARDT GERARD J. NAME NAME 457 WALLS WAY STREET ADDRESS STREET ADDRESS OSPREY FL CITY-ST-ZIP CITY-ST-ZIP Change X Addition Delete TITLE Shoaff, Irene NAME 11700 Winslow Dr. STREET ADDRESS STREET ADDRESS Lake Suzy, FL 34266 CITY-ST-ZIP CITY-ST-ZIP X Addition TITLE ☐ Change TITLE Delete Wheeler, John 5113 Medalist NAME NAME STREET ADDRESS STREET ADDRESS 34243 Sarasota, FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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.

Shoaff