

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State
03-22-2000 90089 019 ***150.00

DOCUMENT # K80925

1. Entity Name

PLAZA MARINE CONSTRUCTION, INC.

Principal Place of Business

**1295 S.E. CUTOFF ROAD
STUART FL 34994
US**

Mailing Address

**1295 S.E. CUTOFF ROAD
STUART FL 34994
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0137117

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

**GUIDICE, LISA ANN
5751 SW MAPP ROAD
PALM CITY FL 34990**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
DP	GUIDICE, LISA ANN	5751 MAPP RD. S.W.	PALM CITY FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DVP	FORD, SALLY ANN	3417 SE BEVIL AVE	PORT ST LUCIE FL 34984	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DS	FORD, SALLY ANN	3417 SE BEVIL AVE	PORT ST LUCIE FL 34984	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TD	GUIDICE, LISA ANN	5751 SW MAPP ROAD	PALM CITY FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

Lisa Ann Guidice / **LISA Ann Guidice** 3/14/2000

Date

Daytime Phone #

CR2E034 (9/99)