

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90011 025 ****50.00

DOCUMENT # L01000014091

1. Entity Name

MARINE PRODUCTS GROUP, LLC

Principal Place of Business

**2482 CLARK ST.
 APOPKA FL 32703**

Mailing Address

**2482 CLARK ST.
 APOPKA FL 32703**

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

59-3740951

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**HARDING, ROBERT L ESQ.
 20 NORTH EOLA DR.
 ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name **Michael A. Padula, Jr.**

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

2482 Clark St

City **Apopka**

FL

Zip Code

32703

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

Michael A. Padula, Jr.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/02

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

TITLE **MGR** ☐ Delete
 NAME **PADULA, MICHAEL A JR.**
 STREET ADDRESS **2482 CLARK ST.**
 CITY-ST-ZIP **APOPKA FL 32703**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE **President** ☒ Change ☐ Addition
 NAME **Michael A Padula, Jr.**
 STREET ADDRESS **160 Harrogate Pl**
 CITY-ST-ZIP **Longwood, FL 32779**

TITLE **Secretary/Treas** ☐ Change ☒ Addition
 NAME **Barbara M. Padula**
 STREET ADDRESS **160 Harrogate Pl**
 CITY-ST-ZIP **Longwood, FL 32779**

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Michael A. Padula, Jr.* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)