

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90205 034 ****50.00

DOCUMENT # L01000014544

1. Entity Name

MAVERICK MARINE, LLC

Principal Place of Business

**149 PUESTA DEL SOL
 OSPREY FL 34229**

Mailing Address

**149 PUESTA DEL SOL
 OSPREY FL 34229**

2. Principal Place of Business

149 BIG PASS LANE

Suite, Apt. #, etc.

3. Mailing Address

149 BIG PASS LANE

Suite, Apt. #, etc.

City & State

SARASOTA, FLORIDA

City & State

SARASOTA, FLORIDA

4. FEI Number

65-1132029

Applied For

Not Applicable

Zip

34242

Country

USA

Zip

34242

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**SHAPIRO, ELAINE P
 149 PUESTA DEL SOL
 OSPREY FL 34229**

7. Name and Address of New Registered Agent

Name

ELAINE P. SHAPIRO

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

149 BIG PASS LANE

City

SARASOTA

FL

Zip Code

34242

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM-PRESIDENT & DIRECTOR** ☐ Delete
 NAME **ELAINE P. SHAPIRO**
 STREET ADDRESS **149 BIG PASS LANE**
 CITY-ST-ZIP **SARASOTA, FLORIDA 34242**

TITLE ☐ Delete
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 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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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:

SIGNATURE REQUIRED

4/30/02

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

Date

Daytime Phone #

CR2E083 (9/01)