

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L80599

1. Entity Name

OFFSHORE MARINE ELECTRONICS, INC.

Principal Place of Business

% JOHN MAIER
8459 GARDEN GATE PL.
BOCA RATON FL 33433

Mailing Address

% JOHN MAIER
8459 GARDEN GATE PL.
BOCA RATON FL 33468-1309

2. Principal Place of Business

15317 77th Trail N

Suite, Apt. #, etc.

3. Mailing Address

15317 77th Trail N

Suite, Apt. #, etc.

City & State

Palm Beach Gardens FL

City & State

Palm Beach Gardens FL

Zip
33418

Country
USA

Zip
33418

Country
USA

6. Name and Address of Current Registered Agent

MAIER, JOHN
8459 GARDEN GATE PL.
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name Maier, John

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

15317 77th Trail N

City Palm Beach Gardens

FL

Zip Code 33418

4. FEI Number

65-0202487

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | MAIER, JOHN | |
| STREET ADDRESS | 8459 GARDEN GATE PL. | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | VT | <input type="checkbox"/> Delete |
| NAME | MAIER, JOHN | |
| STREET ADDRESS | 8459 GARDEN GATE PL. | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | MAIER, MARY | |
| STREET ADDRESS | 8459 GARDEN GATE PL | |
| CITY-ST-ZIP | BOCA RATON FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------|------------------------------------------------------------------------------|
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 15317 77 th Trail N |
| CITY-ST-ZIP | Palm Beach Gardens, FL 33418 |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 15317 77 th Trail N |
| CITY-ST-ZIP | Palm Beach Gardens, FL 33418 |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | 15317 77 th Trail N |
| CITY-ST-ZIP | Palm Beach Gardens, FL 33418 |
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| STREET ADDRESS | |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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:

John W. Maier
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/00

561-741-0160

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90086 038 ***150.00