

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M24869

1. Entity Name

N.S. MARINE & INDUSTRIAL SERVICES CORP.

**FILED**  
**May 07, 2000 8:00 am**  
**Secretary of State**

05-07-2000 90010 050 \*\*\*158.75

Principal Place of Business  
5303 OLD WINTER GARDEN RD  
ORLANDO FL 32811  
US

Mailing Address  
5303 OLD WINTER GARDEN RD  
ORLANDO FL 32811-1520  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number 59-2607994

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

SHIN, NYUNT  
7501 LAKE MARSHA DR  
ORLANDO FL 32819

Name

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

4817 KEENELAND CIRCLE

City ORLANDO

FL

Zip Code 32819

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 P  
NAME SHIN, NYUNT  
STREET ADDRESS 7501 LAKE MARSHA DR  
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4817 KEENELAND CIRCLE  
CITY-ST-ZIP ORLANDO FL 32819

TITLE V  
NAME SHIN, ANN, NYUNT  
STREET ADDRESS 7501 LAKE MARSHA DR  
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 4817 KEENELAND CIRCLE  
CITY-ST-ZIP ORLANDO FL 32819

TITLE S  
NAME CHAN, PAULINE  
STREET ADDRESS 6203 ORANGE COVE DRIVE  
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME S  
STREET ADDRESS CHAN, PAULINE  
CITY-ST-ZIP 7501 LAKE MARSHA DRIVE  
ORLANDO, FL 32819

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Pauline Chan, Secy.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/00 (407)299-1237