

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # M81914**

1. Entity Name

J & M MARINE ELECTRIC, INC.**FILED****May 04, 2001 8:00 am**
Secretary of State

05-04-2001 90114 030 ***150.00

Principal Place of Business

% JOHN R. MCCARROLL
1801 S. DIXIE HIGHWAY #183
POMPANO BEACH FL 33060

Mailing Address

% JOHN R. MCCARROLL
1801 S. DIXIE HIGHWAY #183
POMPANO BEACH FL 33060

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 **16-0378334**

Applied For

Not Applicable

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

MCCARROLL, JOHN R.
1801 S. DIXIE HIGHWAY #183
POMPANO BEACH FL 33060

Name

John R. McCarroll

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

1754 S.W. 8TH DR.

City

POMPANO BEACH**FL**

Zip Code

33060

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	D MCCARROLL, JOHN R. 1801 S. DIXIE HIGHWAY POMPANO BEACH FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01

Date

954-785-0245

Daytime Phone #

CR2E034 (10/00)