

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12763

1. Entity Name

MARINE INDUSTRIES ASSOCIATION OF PALM BEACH COUNTY, INC.

Principal Place of Business

13205 US HWY ONE  
SUITE 531  
JUNO BEACH FL 33408  
US

Mailing Address

P.O. BOX 7597  
WEST PALM BEACH FL 33405  
US

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

59-2834931

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75. Additional  
Fee Required

6. Name and Address of Current Registered Agent

PRUITT, ALISON  
EXECUTIVE DIRECTOR  
349 GRANADA ROAD  
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
D  
DANIELLO, LOU.  
10456 RIVERSIDE DR  
PALM BEACH GARDENS FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
PPD  
MORGAN, RICK  
112 LAKESHORE DRIVE  
NORTH PALM BEACH FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
P  
MURRAY, JOSH  
98 LAKE DR  
PALM BCH SHORES FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
PEVP  
MURPHY, MARTIN  
CRACKER BOY BOAT WORKS  
WEST PALM BEACH FL 33404 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
SD  
ISIMINGER, CHARLES  
649 US HWY 1, STE #9  
N PALM BEACH FL 33408 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
Treasurer Director ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
Past President Director ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
President ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
Vice President Director ☒ Change ☐ Addition

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

Date

Daytime Phone #

FILED  
Apr 01, 2002 8:00 am  
Secretary of State

02-11-2002 90208 013 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)