

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90008 044 \*\*\*\*70.00

**DOCUMENT # N37855**

1. Entity Name

**MBE CONSTRUCTION AND MARINE INSTITUTE, INC. (A N  
 OT-FOR-PROFIT EDUCATIONAL AND RESEARCH FOUNDATIO**

Principal Place of Business

Mailing Address

P.O. BOX 265279  
 DAYTONA BEACH FL 32126-5279  
 US

P.O. BOX 265279  
 DAYTONA BEACH FL 32126-5279  
 US

2. Principal Place of Business

3. Mailing Address

*P.O. Box 1444*  
 Suite, Apt. #, etc.

*P.O. Box 1444*  
 Suite, Apt. #, etc.  
*New Smyrna Beach*

City & State

City & State

*New Smyrna Beach FLORIDA*

Zip

Country

Zip

Country

*32170 USA 32170 USA*

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SICILIA, TERRENCE R  
 4 PALM DR  
 ORMOND BEACH FL 32176**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
 NAME **D CROWE, DALE C**  
 STREET ADDRESS **4015 CREST RIDGE DR.**  
 CITY-ST-ZIP **NEW SMYRNA BCH FL 32168**

TITLE ☐ Change ☒ Addition  
 NAME **DIRECTOR**  
 STREET ADDRESS **PORTA, STEVEN K**  
 CITY-ST-ZIP **1901 CADIZ AVE.**  
**NEW SMYRNA BEACH, FLORIDA**

TITLE ☐ Delete  
 NAME **D GRASS, EDWARD B**  
 STREET ADDRESS **17 BRANDY HILL DR.**  
 CITY-ST-ZIP **PORT ORANGE FL 32119**

TITLE ☐ Change ☐ Addition  
 NAME **#1701**  
 STREET ADDRESS **32168**  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **SICILIA, TERRENCE R**  
 STREET ADDRESS **4 PALM DR.**  
 CITY-ST-ZIP **ORMOND BEACH FL 32176**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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 REQUIRED**

*24 APR 2002 (386) 852-4075*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)