2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N99000006236 Mar 14, 2000 8:00 am **Secretary of State** FLORIDA MARINE CONTRACTORS ASSOCIATION, INC. 03-14-2000 90018 037 ****61.25 Principal Place of Business Mailing Address 16521 SAN CARLOS BLVD STE H 16521 SAN CARLOS BLVD STE H FT MYERS FL 33908-5245 FT MYERS FL 33908 3. Mailing Address 2. Principal Place of Business **864 HONDURAS AV** Suité, Apt. #, etc. <u>1864 HONDURAS A</u> DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For <u>65-</u>09 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent-6. Name and Address of Current Registered Agent R. DAY MCGEE, FRED L JR 12710 SUMMERWOOD DR FT MYERS FL 33908 for the purpose of changing its registered office or registered agent, or both, in the state of Florida 8. The above named entit MARCH 10. SIGNATURE 9 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. ☐ Change Addition ☐ Delete TITLE TITLE NAME rick fendek NAME STREET ADDRESS STREET ADDRESS 5 HANSEL AV FL 32809 CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE SHAWN MAHER NAME NAME 701 RADIO ED. STREET ADDRESS STREET ADDRESS NAPLES, FL CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE BOB SMITH NAME NAME 1206 IST AVSE VERO BEACH, FL 32962 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Delete TITLE DOUG SPEELER NAME 6111 142ND AV N STREET ADDRESS STREET ADDRESS CLEARNATER, FL 33760 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE TITLE PAUL JONES NAME NAME 5216 FOXHALL CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 sustee employeered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

MARCH 10,Z000

all other like empowered

changed, or on an attachment with

SIGNATURES