

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90094 004 ****61.25

DOCUMENT # N99000006236

1. Entity Name

FLORIDA MARINE CONTRACTORS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1864 HONDORUS AVE
 MARCO ISLAND FL 34145**

**1864 HONDORUS AVE
 MARCO ISLAND FL 34145**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0958196

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

**DAY, ED R
 1864 HONDORUS AVE
 MARCO ISLAND FL 34145**

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 **PD** Delete
 NAME **FENDER, RICK**
 STREET ADDRESS **6125 HANSEL AVE**
 CITY-ST-ZIP **ORLANDO FL 32809**

TITLE **D** Change Addition
 NAME **FENDER, RICK**
 STREET ADDRESS **500 29TH ST.**
 CITY-ST-ZIP **ORLANDO, FL 32805**

TITLE **VD** Delete
 NAME **MANER, SHAWN**
 STREET ADDRESS **4701 RADIO RD**
 CITY-ST-ZIP **NAPLES FL 34104**

TITLE **D** Change Addition
 NAME **MAHER, SHAWN**
 STREET ADDRESS **4701 RADIO RD**
 CITY-ST-ZIP **NAPLES, FL 34104**

TITLE **D** Delete
 NAME **SMITH, BOB**
 STREET ADDRESS **1206 1ST AVE SE**
 CITY-ST-ZIP **VERO BEACH FL 32962**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **SPEELER, DOUG**
 STREET ADDRESS **6111 142ND AVE N**
 CITY-ST-ZIP **CLEARWATER FL 33760**

TITLE **VD** Change Addition
 NAME **SPEELER, DOUG**
 STREET ADDRESS **6111 142ND AVN**
 CITY-ST-ZIP **CLEARWATER, FL 33760**

TITLE **STD** Delete
 NAME **JONES, PAUL**
 STREET ADDRESS **5216 FOXHALL CT**
 CITY-ST-ZIP **SPRINGHILL FL 34677**

TITLE **PD** Change Addition
 NAME **CAYCE, ROBERT L.**
 STREET ADDRESS **5996 R OVERSEAS HWY.**
 CITY-ST-ZIP **MARATHON, FL 33650**

TITLE **D** Delete
 NAME **DAY, ED R**
 STREET ADDRESS **1864 HONDORUS AVE**
 CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE **STD** Change Addition
 NAME **WISHART, BLAKE**
 STREET ADDRESS **709 BALDEAGLE DR**
 CITY-ST-ZIP **MARCO ISLAND, FL 34145**

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

ED.R.DAY

13 FEB 02

941-394-8114

Date

Daytime Phone #

CR2E037 (9/01)