

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 03, 2001 8:00 am  
Secretary of State

02-03-2001 90286 006 \*\*\*150.00

DOCUMENT # P00000005470

1. Entity Name

PLOEGER MARINE INC.

Principal Place of Business

2865 PACE DRIVE S.E.  
PORT ST. LUCIE FL 34984

Mailing Address

2865 PACE DRIVE S.E.  
PORT ST. LUCIE FL 34984

2. Principal Place of Business

221 AVE A

3. Mailing Address

2865 S.E. PACE DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT PIERCE, FL

City & State

PORT ST LUCIE, FL

Zip

Country

34950

USA

Zip

Country

34984

USA

4. FEI Number

65-0988233

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LAMB, RICHARD L  
1517 20TH STREET  
VERO BEACH FL 32961-6704

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

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 State**

10. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☒ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☒ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/31/01

Date

Daytime Phone #

CR2E034 (10/00)