

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90368 016 ***150.00

DOCUMENT # P00000015791

1. Entity Name

MARINE ARCHITECTURAL RESIN CO., INC.

Principal Place of Business

Mailing Address

**369 BENT OAK CIRCLE
 ROYAL PALM BEACH FL 33411**

**369 BENT OAK CIRCLE
 ROYAL PALM BEACH FL 33411**

2. Principal Place of Business

3. Mailing Address

10354 Fox Trail Rd South

10354 Fox Trail Rd South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1512

1512

City & State

City & State

Royal Palm Beach, FL

Royal Palm Beach, FL

Zip

Country

Zip

Country

33411

Palm Beach

33411

Palm Beach

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☐ Delete
 NAME **MORGAN, MICHAEL L**
 STREET ADDRESS **369 BENT OAK CIRCLE**
 CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE **PSD** ☒ Change ☐ Addition
 NAME **MICHAEL L MORGAN**
 STREET ADDRESS **10354 FOX TRAIL ROAD SOUTH #1512**
 CITY-ST-ZIP **ROYAL PALM BEACH, FL 33411**

TITLE **VTD** ☐ Delete
 NAME **NELSON, W. KERRY**
 STREET ADDRESS **369 BENT OAK CIRCLE**
 CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE **W. KERRY NELSON VTD** ☒ Change ☐ Addition
 NAME **W. KERRY NELSON**
 STREET ADDRESS **4943 HARBOR WOODS DRIVE**
 CITY-ST-ZIP **Palm Harbor, FL 34683**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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TITLE ☐ Change ☐ Addition
 NAME
 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 all other like empowered.

SIGNATURE: *Michael L Morgan Pres.*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 561-573-1959
 Daytime Phone #

CR2E034 (10/00)