

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**  
 04-04-2001 90502 012 \*\*\*150.00

**DOCUMENT # P00000032055**

1. Entity Name  
**MARINO TRANSPORT, INC.**

Principal Place of Business

106 1ST STREET E.  
 UNIT 111  
 TIERRA VERDE FL 33715

Mailing Address

106 1ST STREET E.  
 UNIT 111  
 TIERRA VERDE FL 33715

2. Principal Place of Business

6677 POINSETTA AVES  
 Suite, Apt. #, etc.

3. Mailing Address

6677 POINSETTA AVE S  
 Suite, Apt. #, etc.

City & State

ST. PETERSBURG FL

City & State

ST. PETERSBURG FL

4. FEI Number

59-3635403

Applied For

Not Applicable

Zip

33707

Country

PINETIAS

Zip

33707

Country

PINETIAS

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

MARINO, GARY  
 106 1ST STREET E.  
 UNIT 111  
 TIERRA VERDE FL 33715

7. Name and Address of New Registered Agent

Name **GARY MARINO**

Street Address (P.O. Box Number is Not Acceptable)  
 6677 POINSETTA AVE S.

City **ST. PETERSBURG**

**FL**

Zip Code **33707**

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 *GARY MARINO*  
 Signature, typed or printed name of registered agent and title if applicable.

**GARY MARINO**

**2/7/01**  
 DATE

(NOTE: Registered Agent signature required when reinstating)

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 STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MARINO, GARY</b> <b>106 1ST STREET E., UNIT 111</b> <b>TIERRA VERDE FL 33715</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MARINO, GARY</b> <b>6677 POINSETTA AVES</b> <b>ST. PETERSBURG FL 33707</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *GARY MARINO*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**GARY MARINO,**

**PRESIDENT**

Date

**2/7/01**

Daytime Phone #

CR2E034 (10/00)