

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2003 8:00 am
Secretary of State

05-19-2003 90226 027 ***150.00

0198676 AV

DOCUMENT # P00000072266

1. Entity Name
ATTENTION TO DETAIL MARINE MAINTENANCE, INC.



Principal Place of Business
**9217 RAMBLEWOOD DRIVE APT 916
CORAL SPRINGS FL 33071**

Mailing Address
**9217 RAMBLEWOOD DRIVE APT 916
CORAL SPRINGS FL 33071**



2. Principal Place of Business

3. Mailing Address

2141 N. University Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#379

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

Coral Springs FL

4. FEI Number

65-1032899

Applied For

Not Applicable

Zip

Country

Zip

Country

33071

USA

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

HRIN, DANNY

9217 RAMBLEWOOD DRIVE APT 916

CORAL SPRINGS FL 33071

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **HRIN, DANIEL DANNY**
STREET ADDRESS **9217 RAMBLEWOOD DR APT 916**
CITY-ST-ZIP **POMPANO BEACH FL 33071**

TITLE **Simone Hrin Pres.** ☐ Change ☒ Addition
NAME **Simone Hrin**
STREET ADDRESS **9217 Ramblewood Dr. #516**
CITY-ST-ZIP **Coral Springs FL 33071**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☒ Change ☐ Addition
NAME **Danny Hrin**
STREET ADDRESS **Same**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 trustee empowered to execute this report as required by Chapter 607, 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/03

Date

954 340 1616

Daytime Phone #

CR2E034 (10/02)