

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2002 8:00 am**  
**Secretary of State**

02-17-2002 90097 043 \*\*\*150.00

**DOCUMENT # P00000079903**

1. Entity Name

**MARINE ENVIRONMENTAL PARTNERS, INC.**

Principal Place of Business

Mailing Address

**Marine Environmental Partners, Inc. —**  
**255 East Dania Beach Blvd., Ste. 220**  
**Dania Beach, FL 33004**

Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-1049593**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**LEFFLER, CHARLES E**  
**3001 WEST STATE ROAD 84**  
**FORT LAUDERDALE FL 33312**

Name

**LEFFLER, CHARLES E.**

Street Address (P.O. Box Number is Not Acceptable)

**255 E. DANIA BCH BLVD #220**

City

**DANIA BEACH**

**FL**

Zip Code

**33004**

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, 2002 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	PD	<input type="checkbox"/> Delete
NAME	LEFFLER, CHARLES E	
STREET ADDRESS	64 ISLE OF VENICE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JOHNSON, DENNIS	
STREET ADDRESS	8530 WINDFALL WAY	
CITY-ST-ZIP	COLORADO SPRINGS CO 80908	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2311 NE 48TH ST	
CITY-ST-ZIP	LIGHTHOUSE PT. FL 33164	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D	
STREET ADDRESS	NEVEN C. HULSEY	
CITY-ST-ZIP	1311 BROKEN ARROW	
	HOUSTON BAY, TX 78657	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES P. GALLOPO	
STREET ADDRESS	275 BEACH RD. A-202	
CITY-ST-ZIP	TEQUESTA, FL 33469	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOHN STEWART	
STREET ADDRESS	4030 NE 18TH AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33034	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLENH GERMAINE	
STREET ADDRESS	255 E. DANIA BCH BLVD STE 220	
CITY-ST-ZIP	DANIA BEACH FL 33004	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TERRY J. PINNA	
STREET ADDRESS	451 SURFSIDE LN.	
CITY-ST-ZIP	JUNO BEACH FL 33408	

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:

**REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CHARLES P. GALLOPO**

1-23-02

Date

954-924-5500

Daytime Phone #

CR2E034 (9/01)