

# 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



DO NOT WRITE IN THIS SPACE

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

**32004**

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

| 11. OFFICERS AND DIRECTORS |                                    | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|----------------------------|------------------------------------|---|---|
| TITLE                      | PD <input type="checkbox"/> Delete | TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |
| NAME                       | <b>LEFFLER, CHARLES E</b>          | NAME  |   |
| STREET ADDRESS             | <b>64 ISLE OF VENICE</b>           | STREET ADDRESS  | <b>2311 NE 48<sup>TH</sup> ST</b>   |
| CITY-ST-ZIP                | <b>FORT LAUDERDALE FL 33316</b>    | CITY-ST-ZIP   | <b>LIGHTHOUSE PT. FL 33164</b>  |
| TITLE                      | VD <input type="checkbox"/> Delete | TITLE   | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| NAME                       | <b>JOHNSON, DENNIS</b>             | NAME  | <b>DENNIS C. HULSEY</b>   |
| STREET ADDRESS             | <b>8530 WINDFALL WAY</b>           | STREET ADDRESS  | <b>1311 BROKEN ARROW</b>  |
| CITY-ST-ZIP                | <b>COLORADO SPRINGS CO 80908</b>   | CITY-ST-ZIP   | <b>HOARSESHOE BAY, TX 78657</b>   |
| TITLE                      | <input type="checkbox"/> Delete    | TITLE   | VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |                                    | NAME  | <b>CHARLES P. GALLOPO</b>   |
| STREET ADDRESS             |                                    | STREET ADDRESS  | <b>275 BEACH RD. A-202</b>  |
| CITY-ST-ZIP                |                                    | CITY-ST-ZIP   | <b>TEQUESTA, FL 33469</b>   |
| TITLE                      | <input type="checkbox"/> Delete    | TITLE   | V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| NAME                       |                                    | NAME  | <b>JOHN STEWART</b>   |
| STREET ADDRESS             |                                    | STREET ADDRESS  | <b>4030 NE 18<sup>TH</sup> AVE</b>  |
| CITY-ST-ZIP                |                                    | CITY-ST-ZIP   | <b>FT. LAUDERDALE FL 33034</b>  |
| TITLE                      | <input type="checkbox"/> Delete    | TITLE   | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| NAME                       |                                    | NAME  | <b>GLENN GERMAINE</b>   |
| STREET ADDRESS             |                                    | STREET ADDRESS  | <b>255 E. DANIA BCH BLVD STE 220</b>  |
| CITY-ST-ZIP                |                                    | CITY-ST-ZIP   | <b>DANIA BEACH FL 33004</b>   |
| TITLE                      | <input type="checkbox"/> Delete    | TITLE   | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| NAME                       |                                    | NAME  | <b>TERRY J. PINNA</b>   |
| STREET ADDRESS             |                                    | STREET ADDRESS  | <b>451 SURFSIDE LN.</b>   |
| CITY-ST-ZIP                |                                    | CITY-ST-ZIP   | <b>JUNO BEACH FL 33408</b>  |

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 F. GALLOPO**

1-23-02

Date

954-924-5500

Daytime Phone #

CR2E034 (9/01)