

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90047 018 ***158.75



DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000087008

1. Entity Name
MECHANICAL AND MARINE COMPANY

Principal Place of Business 2655 LEJEUNE ROAD STE 201 CORAL GABLES FL 33134	Mailing Address 2655 LEJEUNE ROAD STE 201 CORAL GABLES FL 33134
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2. Principal Place of Business 9755 S.W. 76 STREET	3. Mailing Address 2655 LEJEUNE ROAD
Suite, Apt. #, etc. ---	Suite, Apt. #, etc. SUITE 201
City & State MIAMI FL.	City & State CORAL GABLES, FL
Zip 33173-3114	Country ---
Zip 33134	Country ---

4. FEI Number 65-1041602	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BAKER, RONALD G
 2655 LEJEUNE RD., SUITE 201
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

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 _____ (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

TITLE	D <input type="checkbox"/> Delete
NAME	PERSONS, ROGER M
STREET ADDRESS	9755 SW 76TH ST.
CITY-ST-ZIP	MIAMI FL 33173
TITLE	D <input type="checkbox"/> Delete
NAME	CLAPSADL, PAUL C
STREET ADDRESS	13922 S.W. 41ST STREET
CITY-ST-ZIP	DAVE FL 33330
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 type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 by 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: ROGER M. PERSONS **ROGER M. PERSONS** **ROGER M. PERSONS**

Date **MARCH 19 2002** Daytime Phone # **(305) 665-7277**

CR2E034 (9/01)