

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 06, 2002 8:00 am**  
**Secretary of State**

08-06-2002 90131 030 \*\*\*150.00

**DOCUMENT # P00000088363**

1. Entity Name  
**NORTH ATLANTIC MARINE, INC.**

Principal Place of Business  
**11173 164TH CT. NORTH**  
**JUPITER FL 33478**

Mailing Address  
**11173 164TH CT. NORTH**  
**JUPITER FL 33478**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0635168**

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

**LORIO, ALBERT G**  
**11173 164TH CT. NORTH**  
**JUPITER FL 33478**

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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PTD**  
**LORIO, ALBERT G**  
**11173 164TH CT. NORTH**  
**JUPITER FL 33478** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**S**  
**GURRERA, MICHELE**  
**11173 164TH CT. NORTH**  
**JUPITER FL 33478** ☐ Delete

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

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-23-02 (561) 748-4519**  
 Date Daytime Phone #

CR2E034 (4/02)

Attachment 6076470  
Doc. # 00000088363

7.23-02

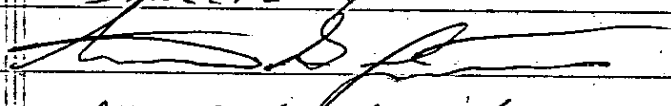
To Whom IT MAY CONCERN:

IN REGARDS TO NORTH ATLANTIC MARINE'S  
UNIFORM BUSINESS REPORT.

THIS REPORT WAS SENT OUT ON APRIL 12,  
2002. NORTH ATLANTIC MARINE HAS NOT RECIEVED  
A CANCELLED CHECK FROM FIDELITY FEDERAL BANK  
TO THIS DATE. PLEASE ACCEPT THIS CHECK  
IN REPLACEMENT FOR THE LOST CHECK.

IF THERE IS ANY QUESTIONS REGARDING THIS  
MATTER, PLEASE CALL ALBERT LORIOLE AT  
561-748-4519.

Sincerely,

  
ALBERT G. LORIOLE

THIS LETTER WAS WRITTEN DUE TO A  
PHONE CONVERSATION I HAD WITH A DEPT OF STATE  
REPRESENTATIVE I SPOKE WITH OF 7-10-02.

ALSO THE EFIN IS INCORRECT 65-0635168  
THE CORRECT # IS 65-1041430.