

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91700 021 ***150.00

DOCUMENT # P01000005729

1. Entity Name
AMERICAN MARINE COVERING & INTERIORS, INC.

Principal Place of Business
777 YAMATO RD. STE 111
BOCA RATON FL 33431

Mailing Address
777 YAMATO RD. STE 111
BOCA RATON FL 33431



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
721 NE Lakeview Terrace
 Suite, Apt. #, etc.

3. Mailing Address
721 NE Lakeview Terrace
 Suite, Apt. #, etc.

City & State
Boca Raton FL
 Zip
33431
 Country
US

City & State
Boca Raton, FL
 Zip
33431
 Country
U.S.

4. FEI Number
65-1067301

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
WILLENS, DAVID
777 YAMATO RD, STE 111
BOCA RATON FL 33431

7. Name and Address of New Registered Agent
 Name
WILLENS, DAVID
 Street Address (P.O. Box Number is Not Acceptable)
721 NE LAKEVIEW TERRACE
 City
BOCA RATON **FL** Zip Code
33431

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 **PRESIDENT**
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/29/02
 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D WILLENS, DAVID 777 YAMATO RD, STE 111 BOCA RATON FL 33431
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

4/29/02
 Date

561 929 3283
 Daytime Phone #

CR2E034 (9/01)