

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 30, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90446 001 \*\*\*300.00

**DOCUMENT # P01000006471**

**1. Entity Name**  
**PIRATE MARINE PRODUCTS, INC.**

**Principal Place of Business**

**505 MOUNTAIN DRIVE  
 UNIT N  
 DESTIN FL 32541**

**Mailing Address**

**505 MOUNTAIN DRIVE  
 UNIT N  
 DESTIN FL 32541**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

**38-3652907**

Applied For

Not Applicable

**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**

**SPIEGEL & UTRERA, P.A.  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134**

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** **PD** ☐ Delete  
**NAME** **JONES, RICHARD R**  
**STREET ADDRESS** **505 MOUNTAIN DRIVE**  
**CITY-ST-ZIP** **DESTIN FL 32541**

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

**TITLE** **VD** ☒ Delete  
**NAME** **STARNES, JAMES**  
**STREET ADDRESS** **505 MOUNTAIN DRIVE**  
**CITY-ST-ZIP** **DESTIN FL 32541**

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

**TITLE** **STD** ☐ Delete  
**NAME** **JONES, MARY L**  
**STREET ADDRESS** **505 MOUNTAIN DRIVE**  
**CITY-ST-ZIP** **DESTIN FL 32541**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ 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; 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**9-25-02**

**850 654-7479**

Date

Daytime Phone #

CR2E034 (4/02)

Attachments

ECC TECHNOLOGIES, INC.

505 MOUNTAIN DRIVE, #N  
DESTIN, FL 32541  
(850) 654-7479

AMSOUTH BANK  
63-1011/832

2348

83478

4/29/2002

PAY TO THE ORDER OF Florida Department of State

300.00

Florida Department of State

ECC TECHNOLOGIES, INC.

*May 10*  
AUTHORIZED SIGNATURE

MEMO  
P01000005971  
P01000006471

⑈002348⑈ ⑆063210112⑆ 3401097016⑈

⑈0000030000⑈

43205  
#P01000006471



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ENDORSE HERE:

X  
DEPARTMENT OF STATE  
FOR DEPOSIT ONLY  
ACCT.# 1009068796

MAY 10 2002

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE  
RESERVED FOR FINANCIAL INSTITUTION USE

BANK OF AMERICA, N.A. JAX  
⑈630000074 66326 96 P17⑈  
05/22/02

6740690175

*Attachment*  
**Pirate Marine Products, Inc.** 43205

September 25, 2002

Division of Corporations  
Uniform Business Reports Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Document #PO1000006471

To Whom It May Concern:

Enclosed please find the second request application and a copy of our check for this payment back in April 2002.

Please apply this payment to this corporation's paperwork for it to be in a current status. Thank you for your time in checking this for us and please don't hesitate to call if we can be of any help.

Warm Regards,



Mary Jones  
Treasurer

/mj

**Post Office Box 1393**  
**Destin, FL 32540**  
**(850)654-7479**  
**(850)654-9197 (fax)**