

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 02, 2003 8:00 am
Secretary of State

09-02-2003 90195 025 ***550.00

DOCUMENT # P01000010937

1. Entity Name
G & R MARINE & FABRICATION, INC.



Principal Place of Business
**701A CORNWALL RD
SANFORD FL 32773**

Mailing Address
**701A CORNWALL RD
SANFORD FL 32773**

2. Principal Place of Business
Same as above

3. Mailing Address
Same as above

City & State

City & State

4. FEI Number **59-3709441**

Applied For
Not Applicable

Zip Country

Zip Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**TORREY, BRIAN D
701A CORNWALL RD
SANFORD FL 32773**

7. Name and Address of New Registered Agent

Name *Matthew Silvey Pres*
Street Address (P.O. Box Number is Not Acceptable)
1132 Eugenia Blvd.
City *New Smyrna Beach* FL *32168*

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 *Matthew Silvey Pres* *Matthew Silvey Pres* *8-28-03*
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☒ Delete
NAME **TORREY, BRIAN**
STREET ADDRESS **701A CORNWALL RD**
CITY-ST-ZIP **SANFORD FL 32773**

TITLE **D** ☐ Delete
NAME **SILVEY, MATTHEW**
STREET ADDRESS **701A CORNWALL RD**
CITY-ST-ZIP **SANFORD FL 32773**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Matthew Silvey Pres* *Matthew Silvey Pres* *8-28-03* *407-324-1600*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)