

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90087 014 ***150.00

DOCUMENT # P01000021507

1. Entity Name

MARINE MANAGEMENT SERVICES, INC.

Principal Place of Business

7301 RIDGEWOOD AVE.
A-101
CAPE CANAVERAL FL 32920

Mailing Address

7301 RIDGEWOOD AVE.
A-101
CAPE CANAVERAL FL 32920

2. Principal Place of Business

707 MULLET RD.

3. Mailing Address

SAME AS #2

Suite, Apt. #, etc.

UNIT 107

Suite, Apt. #, etc.

City & State

CAPE CANAVERAL, FL

City & State

Zip

32920

Country

Zip

Country

4. FEI Number

59-371179

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

KOSTRO, VICTOR S
1825 RIVERVIEW DR
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name

STEVEN K. SACCHITELLA

Street Address (P.O. Box Number is Not Acceptable)

25 N ORLANDO AVE

City

COCOA BEACH

FL

Zip Code

32931

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.

STEVEN K. SACCHITELLA, ACCOUNTANT

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-16-02

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 ☐ Delete
NAME **D**
STREET ADDRESS **ROBERTS, EDWARD A**
CITY-ST-ZIP **7301-RIDGEWOOD AVE, A-101**
CAPE CANAVERAL FL 32920

Address change

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **1365 Glen Haven rd**
CITY-ST-ZIP **MERRITT Island FL 32952**

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
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/02

Date

321-868-4400

Daytime Phone #

CR2E034 (9/01)