

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

0115825 AV

**DOCUMENT # P01000084577**

1. Entity Name

**AQUA TECH MARINE, INC.**

04-02-2002 90142 034 \*\*\*150.00

Principal Place of Business

**1339 MALABAR RD. NE  
 PALM BAY FL 32907**

Mailing Address

**1339 MALABAR RD. NE  
 PALM BAY FL 32907**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**2723 PALM BAY RD NE**

**2723 PALM BAY RD NE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**PALM BAY FL**

City & State

**PALM BAY FL**

4. FEI Number

**59-3742143**

Applied For

Not Applicable

Zip

**32905**

Country

**USA**

Zip

**32905**

Country

**USA**

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

**BRANAGH, ROBERT  
 1339 MALABAR RD, NE  
 PALM BAY FL 32907**

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.

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
 NAME **BRANAGH, ROBERT**  
 STREET ADDRESS **1080 SUNSWEPT RD. NE**  
 CITY-ST-ZIP **PALM BAY FL 32905**

TITLE **PRESIDENT** ☐ Change ☐ Addition  
 NAME **ROBERT BRANAGH**  
 STREET ADDRESS **1080 SUNSWEPT RD NE**  
 CITY-ST-ZIP **PALM BAY, FL 32905**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SECRETARY** ☐ Change ☐ Addition  
 NAME **ROBERT P. MARPE**  
 STREET ADDRESS **587 YOUNG ST. SLIP 19**  
 CITY-ST-ZIP **MELBOURNE, FL 32935**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TREASURER** ☐ Change ☐ Addition  
 NAME **LORNA S. MARPE**  
 STREET ADDRESS **587 YOUNG ST. SLIP 19**  
 CITY-ST-ZIP **MELBOURNE, FL 32935**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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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: **Robert Branagh**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-25-02**

**(321) 409-5712**

Date

Daytime Phone #

CR2E034 (9/01)