

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000086304

1. Entity Name

WIND RIVER MARINE, INC.

Principal Place of Business

651 CFAFFEE ROAD NORTH
JACKSONVILLE FL 32220

Mailing Address

651 CFAFFEE ROAD NORTH
JACKSONVILLE FL 32220

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

02 MAR 21 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. FEI Number

☒ 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.

1840 SW 22ND ST.

4TH FLOOR

MIAMI FL 33145

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
 NAME PD
 FILL, RONALD E ☐ Delete
 STREET ADDRESS 651 CFAFFEE ROAD NORTH
 CITY-ST-ZIP JACKSONVILLE FL 32220

 TITLE
 NAME VD
 FORD, JAMES ☐ Delete
 STREET ADDRESS 651 CFAFFEE ROAD NORTH
 CITY-ST-ZIP JACKSONVILLE FL 32220

 TITLE
 NAME S
 FILL, CAROL S ☐ Delete
 STREET ADDRESS 651 CFAFFEE ROAD NORTH
 CITY-ST-ZIP JACKSONVILLE FL 32220

 TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

 TITLE
 NAME 800005183218-8 ☐ Change ☐ Addition
 STREET ADDRESS -04/02/02--01051--015
 CITY-ST-ZIP *****150.00 *****150.00

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

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

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

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

 TITLE
 NAME ☐ Change ☐ Addition
 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

2/14/02

Date

Daytime Phone #

CR2E034 (9/01)

0028845 AV