

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90461 030 ***150.00

DOCUMENT # P01000099228

1. Entity Name
PREMIER MARINE PRODUCTS, INC.

Principal Place of Business

~~6295 N GULF BLVD STE 7~~
ST PETE BCH FL 33706

Mailing Address

~~6295 N GULF BLVD STE 7~~
ST PETE BCH FL 33706

2. Principal Place of Business

4227 Gulf Blvd
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 66762
Suite, Apt. #, etc.

City & State

St. Pete Beach

City & State

St. Pete Beach

4. FEI Number

59-3750098

Applied For

Not Applicable

Zip

33706

Country

US

Zip

33706

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DUGAN, PATRICK K

~~6295 N GULF BLVD STE 7~~

ST PETE BCH FL 33706

7. Name and Address of New Registered Agent

Name

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

4227 Gulf Blvd.

City

St Pete Beach

FL

Zip Code

33706

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

Patrick K. Dugan **Patrick K. Dugan**

3/1/02

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

TITLE **DP - President** ☐ Delete
NAME **DUGAN, PATRICK K**
STREET ADDRESS **6295 N GULF BLVD STE 7 4227 Gulf Blvd.**
CITY-ST-ZIP **ST PETE BCH FL 33706**

TITLE **Vice President** ☐ Delete
NAME **Dick Carroll**
STREET ADDRESS **4227 Gulf Blvd.**
CITY-ST-ZIP **St. Pete Bch, FL 33706**

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

12. 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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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

Patrick K. Dugan **Patrick K. Dugan, President** **4/8/02 227 415-7861**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0444997 AV

CR2E034 (9/01)