

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90324 010 ***150.00

DOCUMENT # **PO1 000 102865** ✓

1. Entity Name

Marisol Marine Engineering Solutions Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7405 OakVista Cir.

Suite, Apt. #, etc.

3. Mailing Address

7405 OakVista Cir

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

59-3758145

Applied For

Not Applicable

Zip

33634

Country

Hillsborough

Zip

33634

Country

Hillsborough

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

Fee Required

7. Name and Address of Current Registered Agent

Name

Chris Witherington

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

7405 OakVista Cir.

City

Tampa

FL

Zip Code

33634

**DO NOT WRITE
IN THIS SPACE**

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 re-stating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

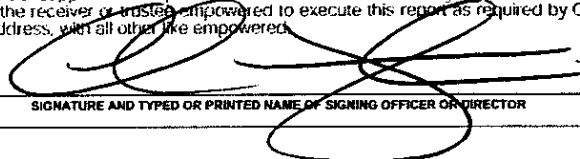
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Chris Witherington 7405 OakVista Cir Tampa FL 33634	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Eron Gray	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



4-28-02

(813) 361-1171

Date

Daytime Phone #

CR2E034B (12/01)