

2004
2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 13, 2004 8:00 am
Secretary of State

07-13-2004 90006 027 ***150.00

DOCUMENT # P02000095902

1. Entity Name
MARINE SURVEY & CONSULTING, INC.



Principal Place of Business
5406 AVENIDA DEL MARE
SARASOTA FL 34242

Mailing Address
5406 AVENIDA DEL MARE
SARASOTA FL 34242

44040144

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
65 0824743

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

6. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, P.A.
1840 SW 22 ST 4 FLR
MIAMI FL 33145

7. Name and Address of New Registered Agent
Name
Martin Cohen
Street Address (P.O. Box Number is Not Acceptable)
5406 Avenida Del Mare
City
Sarasota FL Zip Code
34242

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE *7/7/04*

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST COHEN, MARTIN P 5406 AVENIDA DEL MARE SARASOTA FL 34242 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

12. 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

[Signature]

7/7/04 Phone 941-346-0727

Attachment

DIVISION OF CORPORATIONS
P.O. BOX 6198
TALLAHASSEE FL. 32314-6198

JULY 7, 2004

44048124
#10200095902

TO WHOM IT MIGHT CONCERN,

I HAVE RECEIVED A NOTICE THAT MY CORPORATION IS TO BE
DISOLVED DUE TO FAILURE TO SEND RENEWAL FEE AND ANNUAL
REPORT.

I SENT MY ANNUAL REPORT AND MY CHECK # 1023
FOR \$ 150.00 ON 4/23/2004.

MY CHECK HAS NOT CLEARED YET.

SOMEONE IN TALLAHASSEE HAS MY CHECK AND
REPORT!!!!!!!!!!

ENCLOSED PLEASE FIND NEW ANNUAL REPORT ALONG WITH MY
CHECK TO REPLACE BOTH ITEMS PREVIOUSLY SENT TO YOUR
OFFICES, BUT SOMEHOW LOST IN TRANSIT.


MARTIN COHEN

FOR MARINE SURVEY & CONSULTING INC.
5406 AVENIDA DEL MARE
SARASOTA FL. 34242