## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

P02000096287 **DOCUMENT #** 

1. Entity Name

LARRY DUFFANY CUSTOM MARINE FABRICATION, INC.



**FILED** Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90058 025 \*\*\*150.00

Principal Pla 1718 NE CAI STUART FL		Mailing Address 1718 NE CARDINAL AVE. STUART FL 34994			1
2. Principal Place of Business		3. Mailing Address	· · · · · · · · · · · · · · · · · · ·		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	
City & Sta	ite	City & State	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4. FEI Number 56-22894.39	Applied For Not Applicable
.Zip _	Country	Zip	Country	5. Certificate of Status Desired	\$8.75. Additional
	<ol><li>Name and Address of Current</li></ol>	Registered Agent		7. Name and Address of New Registered	
DEETS, BARRY M ESQ. 7000 SE FEDERAL HWY., STE. 310 STUART FL 34997			Name Street Addres	ss (P.O. Box Number is Not Acceptable)	
~			City	FL	Zip Code
8. The above the obliga	e named entity submits this statement fo tions of registered agent.	or the purpose of changing its re	egistered office or regis	tered agent, or both, in the State of Florida. I am	familiar with, and accept
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent signature requi		
Afte Make Checl	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State		Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND	D DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DUFFANY, LAWRENCE 1718 NE CARDINAL AVE. STUART FL 34994	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP-	د چې مغيني څوند اورون اينده ميد د دار اد از د ارو ۱ او	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition .
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition

CITY-ST-ZIP 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 if changed, or on an attachment with an address, with all other like empowered.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

Addition