

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 OCT. 20 AM 9:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000130003

1. Entity Name

C. D. BOAT & MARINE REPAIR INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

20610 SW DOTHAN RD

3. Mailing Address

20610 SW DOTHAN RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CUTLER RIDGE FL

City & State

CUTLER RIDGE FL

Zip

33189

Country

Zip

33189

Country

700024221637  
10/23/03--01006--023 \*\*150.00  
**REINSTATEMENT 03**  
DO NOT WRITE IN THIS SPACE

4. FEL Number

92-0193761

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

CLEMENTE DELGADO

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

20610 SW DOTHAN RD

City

CUTLER RIDGE

FL

Zip Code

33189

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

*Clemente Delgado*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10/15/2003

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLEMENTE DELGADO 20610 SW DOTHAN RD CUTLER RIDGE FL 33189	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	UD EDUARDO RODRIGUEZ BOONE 12 AVE APT B205 HOMESTEAD FL 33030	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE:

*Clemente Delgado*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/2003

Date

Daytime Phone #

CR2E034B (12/02)

gr 10/22

**C.D. BOAT & MARINE REPAIR, INC.  
20610 SW DOTHAN RD  
CUTLER RIDGE, FL 33189**

October 15, 2003

Division of Corporations  
Annual Report Section  
P.O. Box 6327  
Tallahassee, FL 32314

REF: C.D. BOAT & MARINE REPAIR, INC.  
DOCUMENT#: P02000130003

Dear Sir or Madam:

Please be advised that the above-mentioned corporation annual report was never received for timely submission.

Therefore, we are requesting that the delinquent fees be waived and that the corporation is allowed to submit a second annual report with the corresponding fee of \$ 150.00

Please advise.

Your cooperation is appreciated.

Sincerely,



Delgado Clemente

DC/re