

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

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90019 027 ***150.00

DOCUMENT #

1. Entity Name

KAPPE MARINE DIV INC
PO30000 70613



DO NOT WRITE IN THIS SPACE

24005658

2. Principal Place of Business

205 S. PINE ST

3. Mailing Address

205 S. PINE ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEW SMYRNA FL

City & State

NEW SMYRNA FL

4. FEI Number

05-0586172

Applied For

Not Applicable

Zip

32169

Country

VOLUSIA

Zip

32169

Country

VOLUSIA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

ARTHUR J KAPPELE

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

205 S PINE ST

City

NEW SMYRNA

FL

Zip Code

32169

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

Arthur J Kappele

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

(NOTE: Registered Agent signature required when reinstating)

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/V/T/S ARTHUR KAPPELE
205 S. PINE ST
NEW SMYRNA FL 32169

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CITY-ST-ZIP

TITLE
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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:

Arthur J Kappele

ARTHUR J KAPPELE

2/1/04

386-426-8851

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)