

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 MAR 10 PM 4:41

DOCUMENT #	P04000011818
1. Entity Name	
ARIE MARINE ELECTRIC CORPORATION	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business	3. Mailing Address		
541 W BRANCH ST			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
LANTANA, FL			
Zip	Country	Zip	Country
33462			

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
20-0626018	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name	Aart Van Hooren	
Street Address (P.O. Box Number is Not Acceptable)	541 West Branch Street	
City	FL	Zip Code
Lantana		33462

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, 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  \$5.00 May Be Added to Fees  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**


TITLE	President
NAME	Aart VanHooran
STREET ADDRESS	541 W. Branch Street
CITY-ST-ZIP	Lantana, FL 33462
TITLE	Vice President
NAME	Christine VanHooran
STREET ADDRESS	541 W. Branch Street
CITY-ST-ZIP	Lantana, FL 33462
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11.**

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:  A.V.H. Aart VanHooran P 1 March 06 (561) 586-5400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

3/1/10