

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P29969

1. Entity Name

MARINE ASSET RENTAL SERVICE, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90245 029 ***150.00

Principal Place of Business

Mailing Address

260 LONG RIDGE ROAD
P O BOX 8109
STAMFORD CT 06927

DEPT. 8109
260 LONG RIDGE RD.
STAMFORD CT 06927-1600
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

06-1167647

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND DRIVE
PLANTATION FL 33324

Name

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

City

122

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPT	<input type="checkbox"/> Delete
NAME	HYDE, JEFFREY	
STREET ADDRESS	260 LONG RIDGE RD.	
CITY-ST-ZIP	STAMFORD CT	
TITLE	PD	<input type="checkbox"/> Delete
NAME	NEAL, MICHAEL A.	
STREET ADDRESS	44 OLD RIDGEBURY ROAD	
CITY-ST-ZIP	DANBURY, CT	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SMITH, J. GORDON	
STREET ADDRESS	44 OLD RIDGEBURY ROAD	
CITY-ST-ZIP	DANBURY, CT	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FANELLI, THOMAS F.	
STREET ADDRESS	44 OLD RIDGEBURY ROAD	
CITY-ST-ZIP	DANBURY, CT	
TITLE	ATT	<input type="checkbox"/> Delete
NAME	AMATO, JOHN	
STREET ADDRESS	777 LONG RIDGE RD	
CITY-ST-ZIP	STAMFORD CT	
TITLE	S	<input type="checkbox"/> Delete
NAME	THOMAS, KELLY S	
STREET ADDRESS	44 OLD RIDGE RD	
CITY-ST-ZIP	STAMFORD CT	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN AMATO

203-357-4544

Date

Daytime Phone #

CR2E034 (9/99)