

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P40128

1. Entity Name

E.W. MARINE, INC.

FILED
Aug 01, 2000 8:00 am
Secretary of State

08-01-2000 90005 024 ***550.00

Principal Place of Business

E.W. MARINE, INC
301-B S MAIN ST. STE. 303
ELKHART IN 46515
US

Mailing Address

E.W. MARINE, INC
P.O. BOX 1685
ELKHART IN 46515-1615
US

2. Principal Place of Business

307 S. Main St.

3. Mailing Address

Suite, Apt. #, etc.

Suite 303

City & State

Elkhart IN

4. FEI Number

35-1740528

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEMS
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

City

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE CDP ☐ Delete
NAME WELTER, EDWARD P.
STREET ADDRESS 1838 MIDDLEBURY ST.
CITY-ST-ZIP ELKHART IN

TITLE S ☐ Delete
NAME GILLARD, CYNTHIA S.
STREET ADDRESS 121 W. FRANKLIN ST.
CITY-ST-ZIP ELKHART IN

TITLE AS ☐ Delete
NAME RICHARDSON, JILL
STREET ADDRESS 22123 SUNSET LANE
CITY-ST-ZIP ELKHART IN

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ 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 Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-29-00 219-523-1905

CR2E034 (5/00)