

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000010743

1. Entity Name

ALLIED MARINE GROUP, INC.

Principal Place of Business

401 SW 1ST AVE
FT LAUDERDALE FL 33301

Mailing Address

110 NORTH DIXIE HWY
STUART FL 34994
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

65-0393878

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

WAXLER, CAROL S
THE ALLIED MARINE GROUP
110 NORTH DIXIE HIGHWAY
STUART FL 34994

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 \$150.00
After MAY 1, 2001 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 PD ☒ Delete
NAME TRACY, DWIGHT
STREET ADDRESS 1445 S.E. 16TH STREET
CITY-ST-ZIP FORT LAUDERDALE FL 33316

TITLE CEO/D ☐ Change ☒ Addition
NAME JOUSMA, GEORGE L.
STREET ADDRESS 1445 SE 16th Street
CITY-ST-ZIP Ft. Lauderdale, FL 33316

TITLE VSTD ☐ Delete
NAME PASCA, ANTHONY A JR.
STREET ADDRESS 1445 S.E. 16TH STREET
CITY-ST-ZIP FT LAUDERDALE FL 33316

TITLE P/COO/D ☒ Change ☐ Addition
NAME PASCA, ANTHONY A., JR.
STREET ADDRESS 1445 SE 16th Street
CITY-ST-ZIP Ft. Lauderdale, FL 33316

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Change ☒ Addition
NAME WAXLER, CAROL S.
STREET ADDRESS 110 N. Dixie Highway
CITY-ST-ZIP Stuart, FL 34994

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

(561) 692-1122

Daytime Phone #

CR2E034 (10/00)