2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address

3218 SW ESCAROLE ST.

PORT ST. LUCIE FL 34953-3457

DOCUMENT # P9300009041

1. Entity Name

Principal Place of Business

SERVICE

U... ST. LUCIE 34953

RICK'S MARINE SERVICE, INC.

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2. Principal Place of Business Suite, Apt. #, etc. City & State		3. Mailing Address							
		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
		City & State		4. FEI Num	ber - 65-0390523			plied For t Applicable	
Zıp	Country	Zip	Country	5. Certificat	te of Status Desired		\$8.75 Addi		
	6. Name and Address of Curre		7. Name and Address of New Registered Agent						
			Name						
MCQUILKIN, RICHARD 3218 SW ESCAROLE ST. PORT ST. LUCIE FL 34953			Street Addre	Street Address (P.O. Box Number is Not Acceptable)					
7 011			City			FL	Zip Code	<u> </u>	
8. The above	named entity submits this statement		ng its registered office or regi		oth, in the State of Flor	rida. DATE			j
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		bie FILE N	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta		Election Campaign Fina rust Fund Contribution	~		O May Be to Fees	
11.	OFFICERS AN	ND DIRECTORS	12.	ADDITION:	S/CHANGES TO OFFIC	CERS AND	DIRECTORS	3 IN 11	1.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PM MCQUILKIN,RICHARD 3218 SW ESCAROLE ST PORT ST LUCIE FL 34953	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	00,0, 10000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	Delete	TITLE NAME STREET AODRESS - CITY-ST-ZIP	u au urisaa			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	[
TITLE		□ Delete	TITLE				☐ Change	Addition	

13. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

□ Delete

21000 561 343 7040 Date Dayume Phone #

☐ Change

☐ Addition

☐ Addition

FILED

May 02, 2000 8:00 am Secretary of State

05-02-2000 90009 050 ***150.00