

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

0414436 AV

03-13-2002 90110 009 ***150.00

DOCUMENT # P93000073222

1. Entity Name
MARINE PRODUCTS & SERVICES, INC.

Principal Place of Business
 1719 SPLIT FORK DR.
 OLDSMAR FL 34677
 US

Mailing Address
 1719 SPLIT FORK DR.
 OLDSMAR FL 34677
 US



2. Principal Place of Business

16222 Turnbury Oak Dr.

3. Mailing Address

Suite, Apt. #, etc.

Same

DO NOT WRITE IN THIS SPACE

City & State
 ODESSA, FL

City & State

4. FEI Number 59-3206984

Applied For
☒ Not Applicable

Zip
 33556

Country

USA

County

Hillsborough 33556

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

EATON, DENNIS R
 1719 SPLIT FORK DR.
 OLDSMAR FL 34677

7. Name and Address of New Registered Agent

Name DENNIS R. EATON

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

16222 Turnbury Oak Dr.

City ODESSA

FL

Zip Code 33556

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 *Dennis R. Eaton, Pres.* (Dennis Eaton, Pres.) 1-14-02

(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, 2002 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

TITLE PVST
NAME EATON, DENNIS R
STREET ADDRESS 1719 SPLIT FORK DR.
CITY-ST-ZIP OLDSMAR FL 34677

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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: DENNIS R. EATON PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)