

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 91012 045 ***150.00

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AV

DOCUMENT # P94000021443

1. Entity Name
REEVE MARINE ASSOCIATES, INC.



Principal Place of Business
**1420 OCEANWAY 1-B
JUPITER FL 33477
US**

Mailing Address
**P.O. BOX 4202
TEQUESTA FL 33469
US**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
X 3048 Lychee St

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

X Palm Beach Gardens, FL

4. FEI Number **65-0477001**

Applied For
Not Applicable

Zip

Country

Zip

Country

X 33403 USA

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

**REEVE, JOHN C
1420 OCEANWAY 1-B
JUPITER FL 33477**

Name
X Reeve Marine Associates Inc

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

X 3048 Lychee St.

City
X Palm Beach Gardens, FL

FL

Zip Code
33403

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **X John C Reeve**

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D REEVE, JOHN C
1420 OCEANWAY 1-B
JUPITER FL** ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 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

4/27/03

Date

**561
747-5493**

Daytime Phone #

CR2E034 (10/02)