

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000031645

1. Entity Name

WORLD MARINE MARKETING, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90791 045 ***150.00

Principal Place of Business

Mailing Address

18109 CRAWLEY RD
 STE. 315
 ODESSA FL 33556
 US

18109 CRAWLEY RD
~~STE. 315~~
 ODESSA FL 33556-4827
 US

2. Principal Place of Business

3. Mailing Address

4707 140th Ave. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 315

Delete suite #

City & State

City & State

Clearwater, FL

Zip

Country

Zip

Country

33762

US

4. FEI Number 59-3240575

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

PEARSE, RICHARD L JR.
 814 CHESTNUT STREET
 CLEARWATER FL 34616

Name

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

1239 S. Myrtle Ave.

City

Clearwater

FL

Zip Code

33756

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	ST MANNING, APRIL T. 18109 CRAWLEY RD ODESSA FL 33556	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MANNING, THOMAS 18109 CRAWLEY RD ODESSA FL 33556	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

April T. Manning
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/00

Date

813 926-2356

Daytime Phone #

CR2000:14 (9/99)