

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2003 8:00 am
Secretary of State

07-17-2003 90027 042 ***150.00

0049830 AV

DOCUMENT # P94000077254

1. Entity Name
CONNELL MARINE, INC.



Principal Place of Business
**200 OCEAN LN DR.
SUITE 608
KEY BISCAYNE FL 33149
US**

Mailing Address
**200 OCEAN LN DR.
SUITE 608
KEY BISCAYNE FL 33149
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0497782**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**CONNELL, ROBERT A
200 OCEAN LN DR.
SUITE 608
KEY BISCAYNE FL 33149**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 **D** ☐ Delete
NAME **CONNELL, ROBERT A**
STREET ADDRESS **200 OCEAN LN DR.**
CITY-ST-ZIP **KEY BISCAYNE FL 33149**

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

TITLE **D** ☐ Delete
NAME **CONNELL, PAMELA S**
STREET ADDRESS **200 OCEAN LN DR**
CITY-ST-ZIP **KEY BISCAYNE FL**

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

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

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 of the empowered.

SIGNATURE:

ROBERT A. CONNELL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/03 305-773-8689
Date Daytime Phone #

CR2E034 (4/03)

attachment

90143708

#P94000077254

CONNELL MARINE INC.

200 OCEAN LANE DRIVE

SUITE #608

KEY BISCAYNE, FLORIDA

33149

July 14, 2003

Florida Dept of State

Uniform Business Report Filing

PO Box 1500

Tallahassee FL 32302-1500

Memorandum :

The first notice I received arrived July 8th at my principal place of business. I have completed the report and forwarding it with my corporate check of \$150.00 check # 805

Robert A. Connell me

ROBERT A. CONNELL

FBI 65-0497782