

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90083 003 ***150.00

DOCUMENT # P94000080714

1. Entity Name

SPECIALTY MARINE PRODUCTS, INC.

Principal Place of Business

205 SR 207
ST AUGUSTINE FL 32095
US

Mailing Address

205 SR 207
ST AUGUSTINE FL 32095
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3266415

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

SMITH, RALPH L
1646 RED CYPRESS DRIVE
JACKSONVILLE FL 32223

7. Name and Address of New Registered Agent

Name

Michael R. Freeman

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

205 SR 207

City

St. Augustine**FL**Zip Code
32084

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

**Michael R. Freeman President 02/01/02**

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

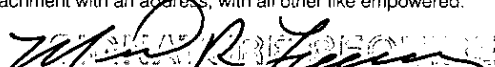
TITLE **PT** ☒ Delete
NAME **SMITH, RALPH**
STREET ADDRESS **1646 RED CYPRESS DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32223**TITLE **VPS** ☐ Delete
NAME **FREEMAN, MICHEAL R**
STREET ADDRESS **1808 WRIGHT DR**
CITY-ST-ZIP **DAYTONA FL 32124**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **PT** ☒ Change ☐ Addition
NAME **Freeman, Michael R.**
STREET ADDRESS **205 SR 207**
CITY-ST-ZIP **St. Augustine, FL 32084**TITLE **VPS** ☐ Change ☒ Addition
NAME **Witty, Robert W**
STREET ADDRESS **205 SR 207**
CITY-ST-ZIP **St. Augustine, FL 32084**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

**Michael R. Freeman 01/29/02 904-823-9294**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)