

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000091595

1. Entity Name

NORTH STAR MARINE SERVICES INC.

FILED

Apr 10, 2001 8:00 am  
Secretary of State

04-10-2001 90001 027 \*\*\*150.00

Principal Place of Business  
29177 IROQUIS STREET  
BIG PINE KEY FL 33043  
1000 15th ST.  
MARATHON, FL. 33050

Mailing Address  
29177 IROQUIS STREET  
BIG PINE KEY FL 33043  
P.O. BOX 504429  
MARATHON, FL. 33050

2. Principal Place of Business  
1000 15th ST.

3. Mailing Address  
P.O. Box 504429

Suite, Apt. #, etc.

City & State  
MARATHON, FL.

City & State  
MARATHON FL.

Zip  
33050

Country  
US

Zip  
33050

Country  
US.



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0544111

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

6. Name and Address of Current Registered Agent  
PINE, WILLIAM D  
29177 IROQUIS STREET  
BIG PINE KEY FL 33043  
1000 15th ST.  
MARATHON, FL.

7. Name and Address of New Registered Agent  
Name PINE William D  
Street Address (P.O. Box Number is Not Acceptable)  
1000 15th ST.  
City MARATHON, FL Zip Code 33050

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, 2001 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	D PINE, WILLIAM D 29177 IROQUIS STREET BIG PINE KEY FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PINE WILLIAM D. 1000 15th ST MARATHON, FL. 33050 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PINE, THERESA E 29177 IROQUIS STREET BIG PINE KEY FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PINE THERESA E 1000 15th ST. MARATHON, FL. 33050 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Theresa E. Pine 04/06/01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 305-289-7653

CR2E034 (10/00)