

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000093457

1. Entity Name

VOLUSIA MARINE SALVAGE, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90103 047 ***150.00

Principal Place of Business
4287 ORIOLE AVE
DAYTONA BEACH FL 32127-6647
US

Mailing Address
P.O. BOX 291103
PORT ORANGE FL 32129-1103
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3291769

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

SCHWARTZ, STEVEN G
2300 GLADES RD
SUITE 400 EAST
BOCA RATON FL 33431

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

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	P	<input type="checkbox"/> Delete
NAME	SAVIA, PAUL	
STREET ADDRESS	4287 ORIOLE AVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32127-6647	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SAVIA, DONNA M	
STREET ADDRESS	4287 ORIOLE AVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32127-6647	
TITLE	S	<input type="checkbox"/> Delete
NAME	SAVIA, FRANK P	
STREET ADDRESS	18A PARK LANE PL	
CITY-ST-ZIP	MASSAPEQUA NY 11758	
TITLE	T	<input type="checkbox"/> Delete
NAME	SAVIA, JOANNE M	
STREET ADDRESS	18A PARK LANE PL	
CITY-ST-ZIP	MASSAPEQUA NY 11758	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Donna M. Savia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-03-00 (904) 767-1508

CR2E034 (9/99)