

2000 UNIFORM BUSINESS REPORT (UBR)

8/

DOCUMENT # P95000002812

1. Entity Name

MARINE STEERING, INC.

FILED
Aug 22, 2000 8:00 am
Secretary of State

08-09-2000 90075 001 *1,100.00

Principal Place of Business

Mailing Address

100 CIRCUIT ROAD
NOKOMIS FL 34275

100 CIRCUIT ROAD
NOKOMIS FL 34275-3006

2. Principal Place of Business

1958 Settlement Rd

3. Mailing Address

8780 Mostn

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Venice FL

City & State

Overland Park Ks

4. FEI Number

65-0557747

Applied For

Not Applicable

Zip

Country

36292 Sensofa

Zip

Country

66212 Johnson

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TEMPLEMAN, PAT
1449 QUAIL LAKE DRIVE
VENICE FL 34293

7. Name and Address of New Registered Agent

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	TEMPLEMAN, ARTHUR R.	
STREET ADDRESS	1449 QUAIL LAKE DRIVE	
CITY-ST-ZIP	VENICE FL	
TITLE	ST P	<input type="checkbox"/> Delete
NAME	TEMPLEMAN, JON C.	
STREET ADDRESS	13103 W. 130TH ST.	
CITY-ST-ZIP	OVERLAND PARK KS	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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, I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)