

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000011486

1. Entity Name

F & F MARINE, INC.

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90020 006 ***150.00

Principal Place of Business

Mailing Address

245 9TH STREET
WEST PALM BEACH FL 33401

400 A. N. FLAGLER
325
WEST PALM BEACH FL 33401-4306

2. Principal Place of Business

1009 Alamanda Dr.

3. Mailing Address

1009 Alamanda Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Palm Beach FL

City & State

Palm Beach FL

4. FEI Number

65-0551790

Applied For

Not Applicable

Zip

Country

33408

PalmBch

Zip

Country

33408

PalmBch.

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

SMITH, RONALD
245 9TH STREET
WEST PALM BEACH FL 33401

Name

Don Mertzluft

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

1009 Alamanda Dr.

City

Palm Beach

FL

Zip Code

33408

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 ☐ Delete
NAME DVS
STREET ADDRESS MERTZLUFFT, DONALD
CITY-ST-ZIP 1009 ALAMANDA DRIVE
NORTH PALM BEACH FL 33408

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
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TITLE ☐ 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20034 (9/99)