

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90072 032 \*\*\*150.00

**DOCUMENT # P95000049767**

1. Entity Name

**MARLIN MECHANICAL, INC.**

Principal Place of Business

Mailing Address

900 SE 8TH AVE  
 #201  
 DEERFIELD BEACH FL 33441  
 US

P.O BOX 1881  
 BOCA RATON FL 33429-1881  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City, & State

4. FEI Number **65-0590341**

Applied For  
 Not Applicable

Zip Country

Zip Country

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HICKEY, PETER A  
 1595 NW 1CT.  
 BOCA RATON FL 33432

Name **PETER A. HICKEY**  
 Street Address (P.O. Box Number is Not Acceptable)  
**428 N.W. 35TH. STREET**  
 City **BOCA RATON FL** Zip Code **33431**

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)

1/13/00  
 DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) **DISREGARD**

**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 **PD MAESEL, SHAWN R**  
 STREET ADDRESS **1595 NW 1CT.**  
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE  Change  Addition  
 NAME **PD SHAWN R. MAESEL**  
 STREET ADDRESS **428 N.W. 35TH. ST**  
 CITY-ST-ZIP **BOCA RATON, FL. 33431**

TITLE  Delete  
 NAME **VTD HICKEY, PETER A**  
 STREET ADDRESS **1595 NW 1CT.**  
 CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE  Change  Addition  
 NAME **VTD PETER A. Hickey**  
 STREET ADDRESS **428 N.W. 35TH. ST**  
 CITY-ST-ZIP **BOCA RATON, FL. 33431**

TITLE  Delete  
 NAME **VD MERIWETHER, BILL**  
 STREET ADDRESS **900 SE 8TH AVE #201**  
 CITY-ST-ZIP **DEERFIELD BEACH FL**

TITLE  Change  Addition

TITLE  Delete

TITLE  Change  Addition

TITLE  Delete

TITLE  Change  Addition

TITLE  Delete

TITLE  Change  Addition

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/00 561-368-9035  
 Date Daytime Phone #

CR2E034 (9/99)