

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000093091

1. Entity Name

CJS MARINE MANAGEMENT CORP.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90078 039 ***150.00

Principal Place of Business

1500 CORDOVA ROAD
SUITE 202
FT. LAUDERDALE FL 33316

Mailing Address

1500 CORDOVA ROAD
SUITE 202
FT. LAUDERDALE FL 33316-1632

2. Principal Place of Business

429 Seabreeze Blvd.
Suite, Apt. #, etc.
226
City & State
Fort Lauderdale FL

3. Mailing Address

429 Seabreeze Blvd.
Suite, Apt. #, etc.
226
City & State
Fort Lauderdale FL



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0627712

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOMASELLI, JOHN
1500 CORDOVA ROAD, SUITE 202
FT. LAUDERDALE FL 33316

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	D	<input type="checkbox"/> Delete
NAME	TOMASELLI, JOHN	
STREET ADDRESS	1500 CORDOVA ROAD, SUITE 202	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	STEBBINS, JAMES F	
STREET ADDRESS	1792 ROUTE 106	
CITY-ST-ZIP	MUTTONTOWN NY 11791	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BRENNAN, LAWRENCE B	
STREET ADDRESS	176 CHRISTOL STREET	
CITY-ST-ZIP	METUCHEN NJ 08840	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STEBBINS, CYNTHIA	
STREET ADDRESS	1792 ROUTE 106	
CITY-ST-ZIP	MUTTONTOWN NY 11791	
TITLE	AVTS	<input type="checkbox"/> Delete
NAME	BERNADETTE, SHEEHAN	
STREET ADDRESS	58 GREENLAWN AVENUE	
CITY-ST-ZIP	SEAFLIFF NY 11579	
TITLE	AS	<input type="checkbox"/> Delete
NAME	OLDAKOWSKI, TRACY L	
STREET ADDRESS	712 SW 14TH STREET	
CITY-ST-ZIP	FT LAUDERDALE FL	

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	<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	
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 like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)