

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90120 013 ***150.00

DOCUMENT # P96000008758

1. Entity Name

HUNTINGTON MARINE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

550 Port-O-Call Way

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Zip

34102

Country

Zip

Country

4. FEI Number

65-0640064

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Goodman & Breen, P.A.

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

3838 Tamiami Trail N.

Suite 300

City

Naples

FL

Zip Code

34103

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

Nancy J. Gibbs

Nancy J. Gibbs, Esq.

04/19/02

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
PVST
John H. Harris
550 Port-O-Call Way
Naples, FL 34103

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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 on an attachment with an address with all other like empowered.

SIGNATURE

John H. Harris

John H. Harris, Pre

239-774-0479

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #