

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000049176

1. Entity Name

L E MARINE SERVICES, INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90190 027 \*\*\*150.00

Principal Place of Business

Mailing Address

850 N.E. 3RD STREET #213  
DANIA FL 33004

850 N.E. 3RD STREET #213  
DANIA FL 33004-3401

2. Principal Place of Business

817 NE 3RD STREET

Suite, Apt. #, etc.

#1

City & State

DANIA, FL

Zip

33004

Country

US

3. Mailing Address

817 NE 3RD STREET

Suite, Apt. #, etc.

#1

City & State

DANIA, FL

Zip

33004

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0671455

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

AUSTIN, WILLIS III  
850 NE 3RD STREET  
DANIA FL 33004

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	AUSTIN, WILLIS III	
STREET ADDRESS	850 NE 3RD STREET, #213	
CITY-ST-ZIP	DANIA FL 33004	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOYNIHAN, STEPHEN	
STREET ADDRESS	850 NE 3RD STREET, #213	
CITY-ST-ZIP	DANIA FL 33004	
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	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUSTIN, WILLIS III	
STREET ADDRESS	817 NE 3RD STREET #1	
CITY-ST-ZIP	DANIA, FL 33004	
TITLE	V. PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOYNIHAN, STEPHEN	
STREET ADDRESS	817 NE 3RD STREET	
CITY-ST-ZIP	DANIA, FL 33004	
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:

*Willis V. Austin III*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
WILLIS V. AUSTIN III

Date

1-5-2000

Daytime Phone #

954-926-0400