

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000074836

1. Entity Name

TRANSATLANTIC MARINE SURVEYORS, INC.

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90128 034 \*\*\*150.00

Principal Place of Business

1824 SE 4TH AVENUE  
FORT LAUDERDALE FL 33316  
US

Mailing Address

1824 SE 4TH AVENUE  
FORT LAUDERDALE FL 33063-9327  
US

2. Principal Place of Business

1300 SE 17th ST  
Suite, Apt. #, etc.  
#219

3. Mailing Address

1300 SE 17th ST  
Suite, Apt. #, etc.  
#219

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

Zip

33316

Country

USA

Zip

33316

Country

USA

4. FEI Number

65-0696758

Applied For

Not Applicable

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

BAKER, PETER N.  
1824 SE 4TH AVENUE  
FORT LAUDERDALE FL 33316

Name

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

1300 SE 17th ST

#219

City

FT. LAUDERDALE

FL

Zip Code  
33316

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)

17 Apr 2000  
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	D	<input type="checkbox"/> Delete
NAME	BAKER, PETER N	
STREET ADDRESS	6278 NO FEDERAL HIGHWAY STE 380	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17 Apr 2000  
Date

954 760 7934  
Daytime Phone #

CR2E034 (9/99)