

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90039 032 ***150.00

DOCUMENT # P96000076720

1. Entity Name

MOBELLA MARINE LOCKS AND LATCHES, INC.

Principal Place of Business

4707 140TH AVE. N., STE. 317
CLEARWATER FL 34622

Mailing Address

4707 140TH AVE. N., STE. 317
CLEARWATER FL 34622

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

33762

Country

4. FEI Number

59-3400829

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

PEARSE, RICHARD L JR.
814 CHESTNUT ST.
CLEARWATER FL 34616

Name

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

1239 S. MYRTLE AVE

City

CLEARWATER FL

FL

Zip Code

33756

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, 2001 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	WATTERS, JULIE H	
STREET ADDRESS	4707 140TH AVE. N., STE. 317	
CITY-ST-ZIP	CLEARWATER FL 34622	
TITLE	D	<input type="checkbox"/> Delete
NAME	MANNING, THOMAS L	
STREET ADDRESS	4707 140TH AVE. N., STE. 317	
CITY-ST-ZIP	CLEARWATER FL 34622	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
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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:

Julie Watters JULIE WATTERS

1-12-01

Date

727-531-7779

Daytime Phone #

CR2E034 (10/00)