

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2002 8:00 am
Secretary of State
 09-12-2002 90068 030 ***550.00

DOCUMENT # P96000095649

1. Entity Name
C.F.MARINE SUPPLIES INC.

Principal Place of Business

**205-I KELSEY LANE
 TAMPA FL 33619**

Mailing Address

**205-I KELSEY LANE
 TAMPA FL 33619**

2. Principal Place of Business

751B Malta Lane

3. Mailing Address

← Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, Fl.

City & State

Tampa, Fl.

4. FEI Number **65-0718724**

Applied For

Not Applicable

Zip **33637**

County **Hillsborough**

Zip

33637

Country

USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FOSTER, CLEVELAND C
 205-I KELSEY LANE
 TAMPA FL 33619**

7. Name and Address of New Registered Agent

Name

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

751B Malta Lane

City

Tampa

FL

Zip Code

33637

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Cleveland C Foster

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/10/02

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 \$550.00
 After September 13, 2002 Fee will be \$750.00
 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** ☐ Delete
 NAME **FOSTER, CLEVELAND C**
 STREET ADDRESS **205-I KELSEY LANE**
 CITY-ST-ZIP **TAMPA FL 33619**

TITLE **VP** ☐ Delete
 NAME **FOSTER, JAMES C.**
 STREET ADDRESS **205-I KELSEY LANE**
 CITY-ST-ZIP **TAMPA FL 33619**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition
 TITLE
 NAME **751B Malta Lane**
 STREET ADDRESS **Tampa, Fl.**
 CITY-ST-ZIP **33637**

☒ Change ☐ Addition
 TITLE
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 STREET ADDRESS **Tampa, Fl.**
 CITY-ST-ZIP **33637**

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☐ Change ☐ Addition
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 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:

Cleveland C Foster

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/02 813-984-0303

Date

Daytime Phone #

CR2E034 (4/02)