

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90908 027 ***150.00

DOCUMENT # **P97000006745**
 Entity Name **Delray Marine, Inc.**

Principal Place of Business
 5TH STREET, SUITE 108
 WEST PALM BEACH FL 33401

Mailing Address
 215 5TH STREET, SUITE 108
 WEST PALM BEACH FL 33401-4026

00052396

Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **65-0726497** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
GIORDANO, JOHN N
220 SOUTH FRANKLIN STREET
TAMPA FL 33602

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

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

OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
PD	<input type="checkbox"/> Delete		TITLE	P.S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
HEATON, LINN D			NAME		
215 5TH STREET, SUITE 108			STREET ADDRESS		
WEST PALM BEACH FL 33401			CITY-ST-ZIP		
VD	<input type="checkbox"/> Delete		TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
HEATON, LEE W			NAME		
215 5TH ST. STE 108			STREET ADDRESS		
W.P. B. FL 33401			CITY-ST-ZIP		
	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
			NAME		
			STREET ADDRESS		
			CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add
	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
			NAME		
			STREET ADDRESS		
			CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add
	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
			NAME		
			STREET ADDRESS		
			CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **John N. Giordano** **Pao Contreras** **4-26-00** **641832 1039**